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Havering
LONDON BOROUGH

INDIVIDUALS OVERVIEW & SCRUTINY SUB-COMMITTEE
AGENDA

7.00 pm	Tuesday 26 September 2017	Town Hall, Main Road, Romford

Members 7: Quorum 3

COUNCILLORS:

Linda Trew (Vice-Chair)
Ray Best (Chairman)
Linda Hawthorn
Keith Roberts
Patricia Rumble
Roger Westwood
John Wood

For information about the meeting please contact:
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Protocol for members of the public wishing to report on meetings of the London Borough of Havering

Members of the public are entitled to report on meetings of Council, Committees and Cabinet, except in circumstances where the public have been excluded as permitted by law.

Reporting means:-

- filming, photographing or making an audio recording of the proceedings of the meeting;
- using any other means for enabling persons not present to see or hear proceedings at a meeting as it takes place or later; or
- reporting or providing commentary on proceedings at a meeting, orally or in writing, so that the report or commentary is available as the meeting takes place or later if the person is not present.

Anyone present at a meeting as it takes place is not permitted to carry out an oral commentary or report. This is to prevent the business of the meeting being disrupted.

Anyone attending a meeting is asked to advise Democratic Services staff on 01708 433076 that they wish to report on the meeting and how they wish to do so. This is to enable employees to guide anyone choosing to report on proceedings to an appropriate place from which to be able to report effectively.

Members of the public are asked to remain seated throughout the meeting as standing up and walking around could distract from the business in hand.

What is Overview & Scrutiny?

Each local authority is required by law to establish an overview and scrutiny function to support and scrutinise the Council's executive arrangements. Each overview and scrutiny sub-committee has its own remit as set out in the terms of reference but they each meet to consider issues of local importance.

The sub-committees have a number of key roles:

1. Providing a critical friend challenge to policy and decision makers.

2. Driving improvement in public services.

3. Holding key local partners to account.

4. Enabling the voice and concerns to the public.

The sub-committees consider issues by receiving information from, and questioning, Cabinet Members, officers and external partners to develop an understanding of proposals, policy and practices. They can then develop recommendations that they believe will improve performance, or as a response to public consultations. These are considered by the Overview

and Scrutiny Board and if approved, submitted for a response to Council, Cabinet and other relevant bodies.

Sub-Committees will often establish Topic Groups to examine specific areas in much greater detail. These groups consist of a number of Members and the review period can last for anything from a few weeks to a year or more to allow the Members to comprehensively examine an issue through interviewing expert witnesses, conducting research or undertaking site visits. Once the topic group has finished its work it will send a report to the Sub-Committee that created it and will often suggest recommendations for the Overview and Scrutiny Board to pass to the Council's Executive.

Terms of Reference

The areas scrutinised by the Committee are:

- Personalised services agenda
- Adult Social Care
- Diversity
- Social inclusion
- Councillor Call for Action

AGENDA ITEMS

1 CHAIRMAN'S ANNOUNCEMENTS

The Chairman will announce details of the arrangements in case of fire or other events that might require the meeting room or building's evacuation.

NOTE: Although mobile phones are an essential part of many people's lives, their use during a meeting can be disruptive and a nuisance. Everyone attending is asked therefore to ensure that any device is switched to silent operation or switched off completely.

2 APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS

(if any) – receive.

3 DISCLOSURE OF INTERESTS

Members are invited to disclose any interest in any items on the agenda at this point in the meeting.

Members may still disclose any interest in an item at any time prior to the consideration of the matter.

4 MINUTES (Pages 1 - 6)

To approve as a correct record the Minutes of the meeting of the Committee held on 22 June 2017 (attached) and authorise the Chairman to sign them.

5 ADULT SOCIAL CARE FINANCE - BETTER CARE FUND (Pages 7 - 18)

Attached.

6 COUNCIL CONTINUOUS IMPROVEMENT MODEL: ESTABLISHMENT OF AN ACTIVE HOMECARE FRAMEWORK IN HAVERING (Pages 19 - 50)

Attached.

7 PERFORMANCE INFORMATION (Pages 51 - 64)

Report and presentation attached.

8 HEALTHWATCH HAVERING - ANNUAL REPORT (Pages 65 - 100)

Attached.

9 FUTURE AGENDAS

Committee Members are invited to indicate to the Chairman, items within this Committee's terms of reference they would like to see discussed at a future meeting. Note: it is not considered appropriate for issues relating to individuals to be discussed under this provision.

10 URGENT BUSINESS

To consider any other items in respect of which the Chairman is of the opinion, by reason of special circumstances which shall be specified in the minutes, that the item should be considered at the meeting as a matter of urgency.

Andrew Beesley
Head of Democratic Services

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MINUTES OF A MEETING OF THE
INDIVIDUALS OVERVIEW & SCRUTINY SUB-COMMITTEE
Town Hall, Main Road, Romford
22 June 2017 (7.00 - 9.00 pm)

Present:

Councillors Linda Trew (Vice-Chair), Ray Best (Chairman), Linda Hawthorn, Patricia Rumble and Roger Westwood

Apologies for absence were received from Councillor Keith Roberts and Councillor John Wood

1 **MINUTES**

There were no disclosures of interest.

The minutes of the meeting of the Sub-Committee held on 25 April 2017 were agreed as a correct record and signed by the Chairman.

2 **OLDER PEOPLE'S HOUSING STRATEGY**

The Director of Housing Services offered his apologies for his being unable to attend the previous meeting of the Sub-Committee.

The Sub-Committee were presented with a number of reports concerning older people's housing that had previously been agreed by Cabinet. The latest copies of Council magazines – Sheltered Times and At The Heart were also provided in order to show more recent updates.

The older people's housing strategy had identified an under provision of extra care sheltered housing and of housing for people with dementia. The Council's existing sheltered housing stock had also been found to have too high a proportion of bed-sit accommodation. Many sheltered housing schemes also did not have lifts or were otherwise not compliant with the Disability Discrimination Act. External communal space such as gardens was also not fit for purpose in some cases.

Five schemes had been selected for regeneration. Maygreen Crescent had not proven popular as a sheltered scheme and the remaining residents would be moved out. The Serena, Solar and Sunrise blocks in South Hornchurch would be redeveloped as an older person's village with approximately 150 homes. A consultation exercise re this scheme was currently in progress.

It was clarified that a private older person's development was expected to be built in central Romford. It was also hoped to reprovide sheltered housing on the Royal Jubilee Court site. There were around 52 people currently living at this site but there were also approximately 40 bedsits on site that could not be let out.

Dreywood Court in Gidea Park was considered a very good sheltered housing scheme and it was suggested that the Sub-Committee should undertake a visit to this scheme. This sort of scheme worked on allowing people to remain in a sheltered home as their needs increased over time. This reduced the need for residential care, helping individuals and also saving money for the Council.

It was clarified that, for those properties available on social rents, tenants must have lived in the borough for at least six years. Discretion could be used in cases of, for example, older people facing hardship. People from outside the borough would not be ruled out as tenants but the aim was to have older people occupying the units as this would also increase the availability of family accommodation within Havering.

The Delderfield House scheme would be redeveloped as this was too small to operate as a sheltered unit. The Ravenscourt block would be kept as this had proven popular but the remainder of Dell Court would be demolished and reprovided as older people's accommodation.

The location of new properties for block housing would depend on where people wished to go and a decant assessment would be carried out for each resident.

It was noted that there were a lot of younger, active older people in sheltered housing units in Havering. People would be guaranteed the right of return to a similar location for each site and efforts would also be made to move friendship groups together. Some people would also choose to move out of the borough for family reasons etc. The existing blocks would be used, prior to demolition, as temporary accommodation for homeless people but this would not happen until all existing residents had moved out.

There were very strict rules on who was accepted as homeless and a person who had been made homeless due to their own behaviour would not normally be accepted. Homeless tenants could also be evicted if necessary.

Occupancy checks had been carried out on all tenants and more than 40 illegal sub-lets had been recovered. Fraud checks were also carried out on people presenting as homeless and anti-fraud activity would be publicised more widely.

There would also be a £4.7 million investment over the next two years in existing sheltered housing schemes. This would cover areas such as the

installation of lifts, CCTV and washing machines. Lifts would be installed in all blocks of two stories or more with stairlifts installed if necessary.

The contract for the new scheme had been launched in May and it was planned to submit a Cabinet report by January 2018 with planning applications prepared by July 2018. All building work would be completed within 10-12 years via a joint venture with one preferred partner. Both the Council and the partner organisation would have to agree on decisions and the partner company would be expected to guarantee the quality of the build.

The total investment in the 12 estates would be £750m - £1bn covering all housing regeneration, not just sheltered schemes.

The Sub-Committee noted the update and information presented.

3 HOSTELS IMPROVEMENT PROGRAMME

It was confirmed that there were three hostels in Havering: Will Perrin Court with 46 rooms, Abercrombie House with 37 rooms and Queen Street Villas with 12 rooms. There were approximately 250-300 people living in the three hostels. The hostels had recently been reviewed by the Chartered Institute of Housing which had made a number of recommendations including changing the role of staff.

Experienced staff had therefore now been recruited and residents were now given risk assessments and support plans as well as many other programmes being available. A total of 159 children lived in the centres which was challenging and officers worked with sports teams and children's centres etc. to ensure opportunities were available.

Most hostel residents were already living in the Havering area and had come to the hostels due to increased costs of rent. The hostels service was represented on the Managing Domestic Violence group. It was not possible to give tenant families separate units but double units would be used where possible. Communal rooms in the hostels could be used as study rooms and officers agreed that more computers in hostels would be a positive development.

Fold out tables had been supplied so that residents had somewhere to eat and many Christmas gifts were received for children resident in the hostels.

The average time spent by people in hostels had reduced to 3-4 months. Hostel residents still had to bid for housing accommodation and assistance could be given to do this via computer. New hostel residents were given a welcome pack including a duvet, pillow, cutlery and food items. It was

suggested that it would be useful to arrange a visit to Abercrombie House in order to view the improvements that had taken place.

The design out crime officer had visited all three sites and suggested improvements such as the installation of high hedges which would be carried out. Injunctions had been taken out to prevent e.g. violent ex-partners from entering hostels and the Police would be called if necessary.

The Director of Housing Services recorded his thanks to the housing officer for her work overseeing the improvements to hostels.

The Sub-Committee:

1. Noted the progress made to date in the hostel service following the housing restructure that came into effect on 4 April 2016.
2. Noted the positive feedback by the Chartered Institute of Housing following their inspection on 7 to 9 December 2016.
3. Noted that a draft action plan for improving the hostel service will be agreed with the Chartered Institute of Housing and will form the basis of a further review in January 2018.
4. Agreed that a visit should be arranged to the Abercrombie House hostel.

4 QUARTER 4 PERFORMANCE INFORMATION

It was noted that, of the 12 performance indicators under the Sub-committee's remit, 10 had a green rating and only 2 had a red rating. One of these concerned the rate of permanent admissions to homes for older people. This target had been missed but this was due to more people being able to remain in their own homes for longer but that now needed residential care. There were sufficient places available with approximately 40 care homes in Havering, offering around 1,600 beds. The average age an older person entered a care home was now 87 years old.

Performance on the proportion of adults with learning disabilities living in their own home or with family had been good. This had been assisted by the opening of six self-contained flats for adults with learning disabilities or autism at Great Charter Close and it was suggested that the Sub-Committee should visit this development. It was the Council's responsibility to fund care of this kind although in this instance, 50% of the costs were paid by the NHS. Officers would provide a summary of high cost placements that the Council funded.

Performance on the numbers of people with mental health issues who were in paid employment had also been good.

The use of direct payments was closely monitored and officers were keen to increase take-up as direct payments allowed more choice and control by the person receiving care. Some service users chose to undertake the associated record keeping themselves or this could be done by a third party.

It was expected that take up of direct payments would increase in future years and targets for this had been established via bench marking with the Local Government Association. The Council wished to develop a personal assistant market to provide care services purchased with direct payments. Other ways to make direct payments more attractive to people included the introduction of a payment card to make the use of direct payments easier. This also allowed better monitoring of expenditure by the Council.

It was clarified that there were a total of 28 reablement flats in Royal Jubilee Court but occupancy of these had been very low as people preferred to return to their own homes. This was consistent with officers' aim to have people in hospital for as short a time as possible. The discharge process at Queen's Hospital had also now improved.

Officers would supply suggestions for performance indicators that could be monitored by the Sub-Committee but possible options included figures for the admission to residential care of older people and the take-up of direct payments.

The Sub-Committee noted the performance information.

5 **SUB-COMMITTEE'S ANNUAL REPORT 2016/17**

The Sub-Committee agreed its annual report 2016-17 and further agreed that this should be referred to full Council.

6 **SUB-COMMITTEE'S WORK PLAN 2017-18**

The Sub-Committee agreed the work plan as presented and also agreed in outline a programme of visits including to the Abercrombie House Hostel, the Great Charter Close development and the Avelon Centre for learning disabilities.

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Chairman

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Havering
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INDIVIDUALS OVERVIEW AND SCRUTINY SUB-COMMITTEE, 26 SEPTEMBER 2017

Subject Heading:	Adult Social Care Finance – Better Care Fund
CMT Lead:	Barbara Nicholls
Report Author and contact details:	**Barbara Nicholls, Director of Adult Services** **barbara.nicholls@havering.gov.uk**
Policy context:	**The information presented summarises the position with the Havering Better Care Fund.**
Financial summary:	**No financial implications of this covering report itself.**

The subject matter of this report deals with the following Council Objectives

Communities making Havering	[X]
Places making Havering	[]
Opportunities making Havering	[]
Connections making Havering	[]

SUMMARY

The Director of Adult Social Care will give details of the Havering Better Care Fund.

RECOMMENDATIONS

That the Sub-Committee:

1. Note that a single, three-borough plan has been submitted, mirroring the bigger picture for Accountable Care in BHR
2. Note the intention for BHR Joint Commissioning Board oversight

REPORT DETAIL

Officers will present and summarise the main features of the Better Care Fund for Havering and discuss associated financial issues.

IMPLICATIONS AND RISKS

Financial implications and risks: None of this covering report.

Legal implications and risks: None of this covering report.

Human Resources implications and risks: None of this covering report.

Equalities implications and risks: None of this covering report.

BACKGROUND PAPERS

None.

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Better care, better lives, together

Barking, Havering and Redbridge Better Care Fund Plan 2017-19

Overview and Scrutiny Committee
26 September 2017






Vision

Our vision for Health and Social Care is to accelerate improved health and wellbeing outcomes for the people of Barking and Dagenham, Havering and Redbridge and deliver sustainable provision of high quality health and wellbeing services.

To the individual, the system will feel seamless and responsive to their needs. There will be clear information and advice about how to access services and ensure that they receive the right place, all of the time. Those working in health and wellbeing, including other critical support services such as local authorities, community care, public health and the voluntary sector will be members of a community of care driven by a shared vision.

This Better Care Fund plan allows us to set out greater level of detail about how this vision will be delivered. For the first time, the three borough's plans will join together to create a clear, unified approach with a series of common aims, while also retaining the local differences that reflect the differing nature, demography and demand that our areas dictate. This joint approach is the practical first step towards the planned move towards the plans set out in our Strategic Outline Case in November 2016 for an Accountable Care System for this area.

Joint BCF Plan – Common Themes

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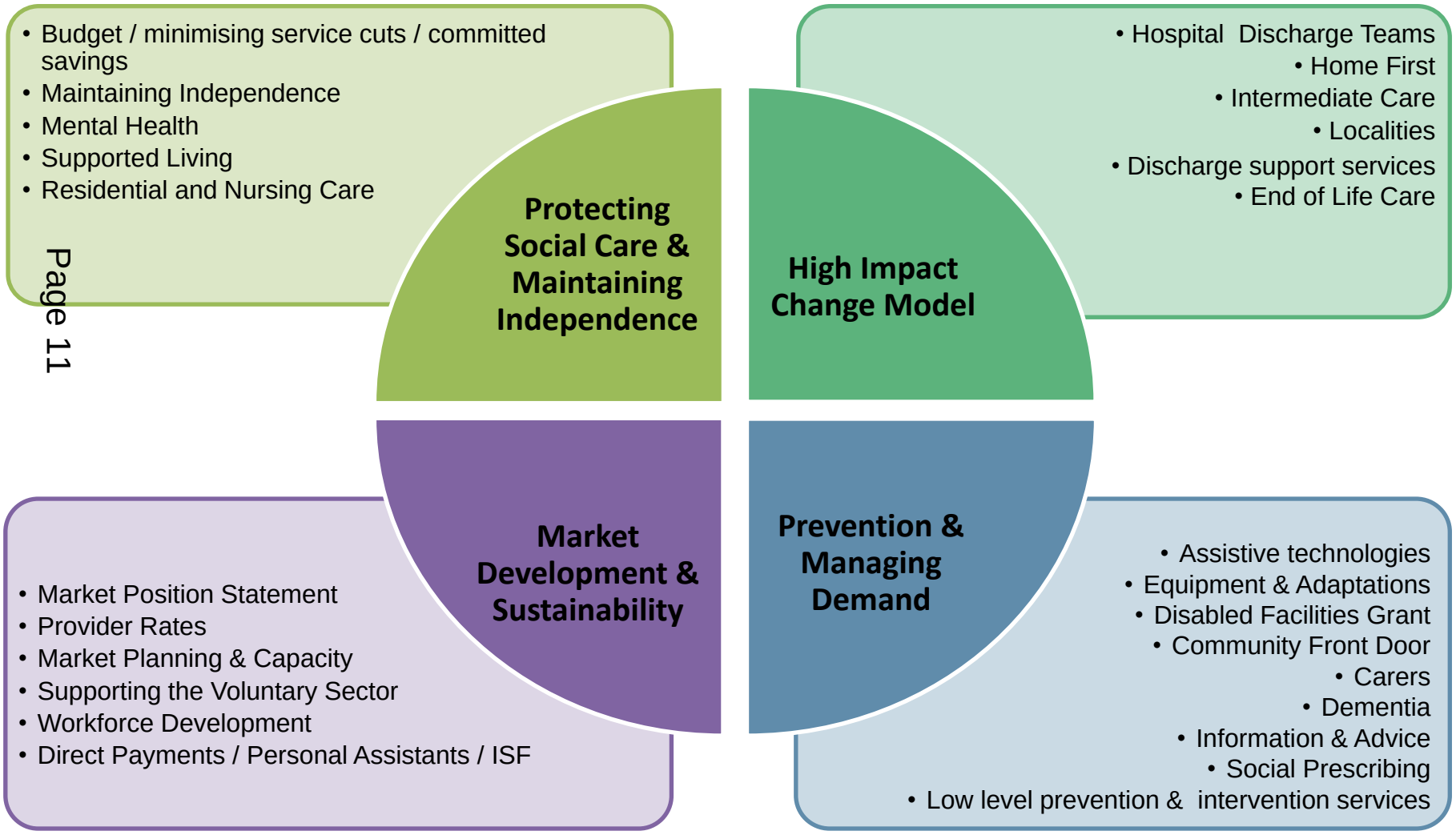
The planned activity and spend areas are all based within four key themes, set out to match the funding directives and national guidance requirements. These are represented as follows:



Narrative Plan

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This single narrative plan, covering the BHR area:

- reflects our strong history of collaborative working across BHR
- builds on BHR ICPB direction of travel for closer integration of both commissioning and service delivery, to improve outcomes for local people.
- describes how the BCF effectively precedes the move to a shadow joint commissioning budget to support providers to come together to deliver integrated care in the context of an Accountable Care System.
- builds upon previous years of BCF planning
- recognises both national and local challenges, including affordability challenges for social care and health.
- sets out how the funding streams – BCF, iBCF and the Social Care Grant meet the conditions, including:
  - stabilisation of the home care and residential care markets,
  - improving discharge arrangements and
  - supporting the structural deficit in social care funding
- sets out the position on Protection of Adult Social Care, required by the guidance and which recognises that –
  - people's health and wellbeing are generally managed best closer to home, with very occasional admissions to acute hospital settings when necessary
  - without the full range of adult social care services being available, the local health system would quickly become unsustainable
  - adult social care services are fundamental to the delivery of our ambition to deliver the right care and support, in the right place, first time
- is supported by separate Finance and Metric template submissions for each Borough

Narrative Plan - 2

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The Plan is set against a backdrop of:

- substantial reductions in social care budgets over several years
- a sustained reduction in available resources at a time of demand growth
- investment in social care supports whole system flow and reduction of Delayed Transfers of Care
- delays due to social care are routinely at negligible levels
- the BHR NHS financial position and the associated recovery plans, which have the potential to impact upon this plan and the allocation of spending within it
- on-going transformation and savings plans in place across the local authorities
- residential care provider market instability, capacity and pricing issues
- challenges in both acute trusts (BHRUT, Barts)

In light of the BHR Integrated Care Partnership vision and direction of travel, a staged approach is to be adopted which will allow the detail of our joint plan to evolve and develop through 2017/18 and be implemented in 2018/19.

Within this plan, we look both at the immediate progress to be made, and towards the bigger picture for our health and care system. The Accountable Care System work is gathering pace as it becomes clearer as to how it will work, what is involved and the changes that will be required.

The development of Localities builds upon the Integrated Localities work undertaken in previous years through BCF where social work and community health teams are co-located and working well together.

It is expected that BCF will, in due course, be managed through the Joint Commissioning Board as a part of the deeper commissioning relationships and shift to Accountable Care. It will still fall to Health and Wellbeing Boards to provide the final sign off.

BHR Joint Funding / Source of Funding - 2017/18 and 2018/19

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	CCG Minimum Contribution	Improved Better Care Fund	Local Authority Contribution	Grand Total		CCG Minimum Contribution	Improved Better Care Fund	Local Authority Contribution	Grand Total
	2017/18 Expenditure (£'000)					2018/19 Expenditure (£'000)			
High Impact Change Model	**31,385**	**1,920**	**802**	**34,107**		**31,942**	**2,011**	**802**	**34,755**
Discharge Team	2,209	249		2,458		2,166	-		2,166
Enablers for integration		1,117		1,117			1,481		1,481
Home First		433		433			350		350
Intermediate care	18,895	121	702	19,718		17,980	180	702	18,862
Locality Teams	9,236			9,236		10,747			10,747
Mental Health	1,045		100	1,145		1,049		100	1,149
Market Development & Sustainability		**5,732**		**5,732**			**6,942**		**6,942**
Placement Pressures		751		751			1,292		1,292
Provider Rate Reviews		4,981		4,981			5,650		5,650
Prevention & Managing Demand	**7,309**	**1,039**	**5,517**	**13,865**		**6,420**	**1,135**	**5,932**	**13,487**
Assistive Technologies		158	470	628			50	470	520
Care Act		360		360			460		460
Carers	625		282	907		625		282	907
Community Front Door	3,406			3,406		3,531			3,531
Demand Management	2,450	171		2,621		1,423	200		1,623
DFG			4,765	4,765				5,181	5,181
Enablers for integration	641			641		653			653
Equipment	187	350		537		187	425		612
Protecting Social Care & Maintaining Independence	**8,292**	**5,740**	**672**	**14,705**		**9,517**	**9,320**	**672**	**19,509**
Budget Protection	1,723	2,868		4,591		2,841	5,320		8,161
Care Act	1,260			1,260		1,284			1,284
Carers	130			130		130			130
End Of Life	105			105		105			105
Locality Teams			672	672				672	672
Packages of Care	4,902	2,873		7,775		4,985	4,000		8,985
Supported Living	172			172		172			172
Grand Total	**46,986**	**14,432**	**6,991**	**68,408**		**47,878**	**19,409**	**7,406**	**74,693**

BHR Joint Funding - 2017/18 and 2018/19

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	2017/18 Expenditure (£'000)			Total 2017/18 Expenditure (£'000)		2018/19 Expenditure (£'000)			Total 2018/19 Expenditure (£'000)
	Barking & Dagenham	Havering	Redbridge			Barking & Dagenham	Havering	Redbridge	
High Impact Change Model	**10,583**	**13,043**	**10,481**	**34,107**		**11,191**	**12,983**	**10,582**	**34,755**
Discharge Team	651	849	958	2,458		651	600	916	2,166
Enablers for integration	1,117			1,117		1,481			1,481
Home First		433		433			350		350
Intermediate care	7,888	6,124	5,706	19,718		8,130	6,278	4,454	18,862
Locality Teams		5,636	3,599	9,236			5,756	4,991	10,747
Mental Health	928		217	1,145		928		221	1,149
Market Development & Sustainability	**1,592**	**1,731**	**2,409**	**5,732**		**2,150**	**1,792**	**3,000**	**6,942**
Placement Pressures		751		751			1,292		1,292
Provider Rate Reviews	1,592	980	2,409	4,981		2,150	500	3,000	5,650
Prevention & Managing Demand	**3,174**	**4,462**	**6,229**	**13,865**		**3,375**	**3,483**	**6,629**	**13,487**
Assistive Technologies	470	158		628		470	50		520
Care Act			360	360				460	460
Carers	777	130		907		777	130		907
Community Front Door			3,406	3,406				3,531	3,531
Demand Management		2,621		2,621			1,623		1,623
DFG	1,391	1,553	1,822	4,765		1,517	1,680	1,984	5,181
Enablers for integration			641	641				653	653
Equipment	537			537		612			612
Protecting Social Care & Maintaining Independence	**6,409**	**3,424**	**4,871**	**14,705**		**7,521**	**5,907**	**6,082**	**19,509**
Budget Protection	1,970	2,620		4,591		3,070	5,091		8,161
Care Act	628	632		1,260		640	644		1,284
Carers			130	130				130	130
End Of Life	105			105		105			105
Locality Teams	672			672		672			672
Packages of Care	3,034		4,741	7,775		3,034		5,952	8,985
Supported Living		172		172			172		172
Grand Total	**21,759**	**22,660**	**23,990**	**68,408**		**24,237**	**24,165**	**26,292**	**74,693**

Havering Funding / Source of Funding - 2017/18 and 2018/19

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	CCG Minimum Contribution	Improved Better Care Fund	Local Authority Contribution	Grand Total		CCG Minimum Contribution	Improved Better Care Fund	Local Authority Contribution	Grand Total
	2017/18 Expenditure (£'000)					2018/19 Expenditure (£'000)			
High Impact Change Model	**11,538**	**803**	**702**	**13,043**		**11,751**	**530**	**702**	**12,983**
Discharge Team	600	249		849		600	-		600
Home First		433		433			350		350
Intermediate care	5,301	121	702	6,124		5,396	180	702	6,278
Locality Teams	5,636			5,636		5,756			5,756
Market Development & Sustainability		**1,731**		**1,731**			**1,792**		**1,792**
Placement Pressures		751		751			1,292		1,292
Provider Rate Reviews		980		980			500		500
Prevention & Managing Demand	**2,580**	**329**	**1,553**	**4,462**		**1,553**	**250**	**1,680**	**3,483**
Assistive Technologies		158		158			50		50
Carers	130			130		130			130
Demand Management	2,450	171		2,621		1,423	200		1,623
DFG			1,553	1,553				1,680	1,680
Protecting Social Care & Maintaining Independence	**2,527**	**897**		**3,424**		**3,657**	**2,250**		**5,907**
Budget Protection	1,723	897		2,620		2,841	2,250		5,091
Care Act	632			632		644			644
Supported Living	172			172		172			172
Grand Total	**16,645**	**3,761**	**2,255**	**22,660**		**16,961**	**4,822**	**2,382**	**24,165**

Overview and Scrutiny Committee is asked to:

- Note that a single, three-borough plan has been submitted, mirroring the bigger picture for Accountable Care in BHR
- Note the intention for BHR Joint Commissioning Board oversight

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INDIVIDUALS OVERVIEW AND SCRUTINY SUB-COMMITTEE, 26 SEPTEMBER 2017

Subject Heading:	Cabinet decision update: Establishment of an active homecare framework for Havering
CMT Lead:	Barbara Nicholls
Report Author and contact details:	**John Green, Head of Joint Commissioning, Adult Social Care, 01708 433018 John.green@havering.gov.uk**
Policy context:	**The information presented summarises progress with implementation of the above Cabinet decision.**
Financial summary:	**No financial implications of this covering report itself.**

The subject matter of this report deals with the following Council Objectives

Communities making Havering	[X]
Places making Havering	[]
Opportunities making Havering	[]
Connections making Havering	[]

SUMMARY

The Head of Joint Commissioning will update the Sub-Committee on progress with implantation of a Cabinet decision on establishment of an active homecare framework for Havering.

RECOMMENDATIONS

That the Sub-Committee notes progress with the implementation of the Cabinet decision and take any further action it considers appropriate.

REPORT DETAIL

In September 2016, a decision was taken by Cabinet (report attached) regarding the establishment of an active homecare framework for Havering. Under the Council Continuous Improvement Model, progress with implementation of the decision is now due for review by the Sub-Committee.

IMPLICATIONS AND RISKS

Financial implications and risks: None of this covering report.

Legal implications and risks: None of this covering report.

Human Resources implications and risks: None of this covering report.

Equalities implications and risks: None of this covering report.

BACKGROUND PAPERS

None.

Havering
LONDON BOROUGH

CABINET

21 SEPTEMBER 2016

Subject Heading:	**Establishment of an Active Homecare Framework in Havering**
Cabinet Member:	**Councillor Wendy Brice-Thompson,** Cabinet member for Adult Services and Health
CMT Lead:	**Barbara Nicholls**, Director for Adult Services
Report Author and contact details:	John Green, Head of Commissioning, john.green@havering.gov.uk, 01708 433 018
Policy context:	The Havering Adult Social Care Market Position Statement 2015, states the Council's commitment to work with providers to develop homecare that provides: '…Positive outcomes for adults with care needs in preventing the worsening of their condition, looking to re-able and rehabilitate individuals where it is possible.'
Financial summary:	The Council currently spends approximately £9,460,560 per year on homecare. The potential value of this new homecare framework over five years would be £47,302,800
Is this a Key Decision?	**Yes**
When should this matter be reviewed?	August 2017
Reviewing OSC:	Individuals

The subject matter of this report deals with the following Council Objectives

Havering will be clean and its environment will be cared for	[]
People will be safe, in their homes and in the community	[X]
Residents will be proud to live in Havering	[]

SUMMARY

The current homecare framework contract will expire on 27 January 2017. This framework has failed to deliver the required capacity. There are a number of reasons for this which includes providers being unable to deliver the care required or leaving the market. To ensure no one goes without care the Council has had to increasingly spot purchase care from homecare providers outside the framework.

To resolve these issues the Council propose establishing a new Active Homecare Framework (AHF). This type of framework will give the Council and homecare providers greater flexibility and ensure that all homecare is procured and evaluated in the same way to provide excellent quality homecare to Havering residents.

RECOMMENDATIONS

That the Leader, after consultation with Cabinet:

1. **Authorise** in principle the establishment of the Active Homecare Framework detailed in the body of the report for the placement of packages of homecare in Havering to take effect on the expiry of the current arrangements

2. **Delegate** authority to the Director of Adult Services to take all necessary steps to set up the Dynamic Purchasing System to be known as the Active Care Framework in accordance with the Public Contract Regulations 2015 (the Regulations) and the Council's Contract Standing Orders (CSO), including but not limited to agreeing a specification for the service, approval of and dismissal of providers, approval of contract terms, setting quality requirements and considering any necessary Equality Impact Assessment and implementing any changes required by it.

3 **Delegate** authority to the Director of Adult Services to agree any amendments in accordance with the Regulations and CSO to the Dynamic Purchasing System for the duration of the term including any termination of the arrangements.

REPORT DETAIL

1. The current homecare framework commenced in 2013 and ceases on the 27 January 2017. This framework has failed to deliver the required homecare capacity (i.e. availability of staff) intended within the model. This

led to adult social care experiencing difficulties in setting up packages of homecare. The Council contracted with 12 homecare providers when the framework was established in 2013. This has reduced to 8 due to providers leaving the market or unable to deliver the required care. To place packages of care the Council has had to increasingly spot purchase care from homecare providers outside the framework.

2. To date, no one has been left without a package of care and support but it has become increasingly difficult to find placements, often requiring a lot of negotiating and persuading with a number of different care providers.

3. There are a number of reasons for the capacity issues. When the framework commenced in 2013 some of the new homecare providers were not able to recruit the required staff, therefore were unable to pick up packages from the beginning. When the framework commenced many residents wanted to stay with their existing homecare provider and not transfer therefore the new homecare providers did not receive the number of cases they were expecting.

4. Quality assuring new providers to spot contract with can be resource intensive. Quality checks on new providers are comprehensive and include areas such as training records, staff recruitment policies, CQC rating and registration details. However, spot contracted homecare providers have not been through the same evaluation process as those that tendered to be part of the framework.

5. There are recognised sector wide problems with recruiting and retaining homecare staff but there are some Havering specific demands which have been identified. These demands include the geographical size of the borough, less urban concentrations and certain areas being less accessible than others. The pool of people likely to go into care work are found more readily in neighbouring boroughs exacerbating the difficulties of recruiting in Havering.

6. To overcome some of these challenges and to recognise the additional pressures introduced such as the National Living Wage, Havering has agreed a significant increase to the homecare hourly rate of 10%. This increase demonstrates that the Council values the care provided by homecare staff and wants to create a more sustainable market in Havering.

7. To resolve the issues with the framework, from February 2017 the Council propose establishing a new Active Homecare Framework (AHF). This will give the Council and homecare providers greater flexibility and ensure that all homecare is procured and evaluated in the same way to provide excellent quality homecare to Havering residents.

8. AHF is our description for a new type framework which is similar to a standard framework agreement. It allows a number of providers to be appointed to deliver services of a similar nature by successfully completing an evaluation process. It is active in that providers can easily join the framework at any time by successfully completing the evaluation process. It is also active in that the Council can modify how the AHF is applied in the

future, providing this has been made clear to all. (This process is known under EU Procurement law as a Dynamic Purchasing system (DPS)).

9. The AHF will be advertised in accordance with EU procurement regulations, following which interested homecare providers can apply to join. Applications will be evaluated against a set criteria expected to cover areas such as quality, safeguarding, staffing and service delivery. This will assess provider's knowledge, experience, expertise and ability to deliver homecare. Providers that pass the evaluation will be added to the AHF and issued with a contract. Following this any provider that is on the AHF will be able to apply to deliver any package of homecare advertised by the Council.

10. Once established, additional providers can apply to join the AHF at any point in the future. All applications will be evaluated in the same way, using the same selection criteria. All packages of care on the AHF will be paid at Havering Council's usual hourly rate.

11. Providers that are not performing to the required standards or who no longer meet the quality requirements could be excluded from the AHF.

12. The benefits to introducing this new type of framework include:

- flexibility for both providers and the Council;
- fair to all;
- a range of homecare providers that have been quality assured and are available to deliver care;
- providers are free to leave and join; and
- simpler application and evaluation process.

13. The Council may modify how the AHF is applied, provided the new rules and procedures are clear, transparent and available to all. In the future the Council might consider changes such as increasing the quality threshold, varying the price paid for homecare or provider selection based on quality and feedback from residents receiving homecare. In introducing AHF we are considering piloting the monitoring and payment for homecare based on outcomes rather than outputs (e.g. minutes of care delivered). This would be introduced incrementally and based on evidence from the pilot. The AHF will be the means by which the Council will evaluate and appoint providers to deliver care in Havering. We will then work with these providers to deliver care in a way that provides the best outcomes for residents.

14. An on-going issue for homecare are the levels of unpredictable demand coming from the hospital. If we are unable to respond flexibly then this can mean delayed transfers of care from the hospital setting to home. To address this, the AHF will also consider, at points of increased demand (e.g. severe winter weather) or reduced supply (e.g. lack of care workers during school holidays) having emergency capacity that is commissioned on the basis of having carers on standby to take packages at short notice. As much as possible this will be minimised but experience has shown that this market needs such capacity at times and this will be designed in to the model. We will work with providers to ensure the premium paid for care in Havering is

passed on to care staff and this commitment will be part of the model going forwards.

15. In establishing the AHF we would learn from the problems with the introduction of the existing framework agreement and take a phased approach applying the AHF for new packages of care rather than shifting existing packages.

REASONS AND OPTIONS

Reasons for the decision:

This decision is required as the current framework agreement for homecare is due to expire therefore the Council needs to establish a new way of purchasing homecare from February 2017 onwards. Establishing a AHF will ensure that all homecare providers have been quality assured and evaluated in the same way and offer greater flexibility to make changes and add new providers in the future.

Other options considered:

Option a) Introduce a framework agreement.

Procuring homecare through a standard framework agreement would not offer the same levels of flexibility. If providers were unable to deliver the required levels of homecare in the future we would not be able to introduce new providers to the framework. We would also not be able to make changes such as varying the quality threshold or focusing on the outcomes of the care delivered.

Option b) Continue spot purchasing.

Spot purchasing homecare would put the Council at risk. This would mean spending significant level of funding without following a standardised procurement process which is not fair and transparent to all.

Option c) Do nothing

The other option would be to do nothing. This is not a viable option due to the issues raised in this report.

IMPLICATIONS AND RISKS

Financial implications and risks:

The establishment of an Active Homecare Framework (AHF) will allow a flexible approach in providing homecare

Providers will be assessed and can join and leave accordingly, and at the same time under performing providers can be easily removed.

It is anticipated that the AHF approach will allow times of unpredictable demand coming from Hospitals, or increased demand due to severe winter weather to have assessed providers on hand and avoid spot purchasing as the current position stands at times of increased demand.

The homecare rate has been increased by 10% which has allowed for a fair price of homecare provision to be provided, therefore, it is anticipated that this will attract providers to join the AHF that can cover the demand of care required throughout the year and over the entire geographic location of Havering.

There is a risk to the service if the necessary checks and controls are not embedded when checking quality standards of the providers, or to remove any underperformers from the Active Homecare Framework in a timely manner.

Provision will also need to be made for any future increases in prices in order to ensure a varied provider framework that can meet the needs of the users.

Legal implications and risks:

There is a requirement to comply with the Council's Contract Procedure Rules (CPRs), Financial Regulations and EU legislation. In particular the Public Procurement Regulations provide that any call for competition must make it clear that a DPS is involved and must offer unrestricted and full access to the procurement documentation for the duration of the DPS.

The DPS has the advantage of permitting the Council to consult a large number of potential suppliers who are capable of delivering the Council's requirements.

Human Resources implications and risks:

The recommendations made in this report do not give rise to any identifiable HR risks or implications that would affect either the Council or its workforce.

Equalities implications and risks:

A full equality impact assessment has been completed.

If the establishment of the Active Homecare Framework is approved it will mean the Council are able to continue providing Homecare services offering support to vulnerable adults.

The introduction of the new homecare framework is likely to have a positive impact on service users accessing homecare services. The framework will ensure homecare is procured and evaluated in the same way to provide excellent quality homecare to Havering residents.

With the introduction of the AHF we will also introduce a new way of collecting feedback from homecare users to better understand the quality of the care given and the outcomes achieved. This will help improve quality in the market.

BACKGROUND PAPERS

None

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Equality Impact Assessment (EIA)

Document control

Title of activity:	Establishment of an Active Homecare Framework in Havering
Type of activity:	A proposal to implement an active homecare framework to replace the current homecare framework agreement. The new framework will award homecare contracts to successful providers that meet the quality requirements throughout the duration of the framework. Contracts awarded through the framework will run until up to January 2022.
Lead officer:	Sandy Foskett, Senior Commissioning Officer
Approved by:	John Green, Head of Commissioning
Date completed:	13 June 2016
Scheduled date for review:	The current homecare framework commenced on 2013 and ceases 27 January 2017.

The Corporate Policy & Diversity team requires **5 working days** to provide advice on EIAs.

Did you seek advice from the Corporate Policy & Diversity team?	Yes
Does the EIA contain any confidential or exempt information that would prevent you publishing it on the Council's website?	No

1. Equality Impact Assessment Checklist

The Equality Impact Assessment (EIA) is a tool to ensure that your activity meets the needs of individuals and groups that use your service. It also helps the Council to meet its legal obligation under the Equality Act 2010 and the Public Sector Equality Duty.

Please complete the following checklist to determine whether or not you will need to complete an EIA. Please ensure you keep this section for your audit trail. If you have any questions, please contact the Corporate Policy and Diversity Team at diversity@havering.gov.uk

About your activity

1	**Title of activity**	Establishment of an Active Homecare Framework (AHF) in Havering
2	**Type of activity**	A proposal to implement an active homecare framework to replace the current homecare framework agreement. The new framework will award homecare contracts to successful providers that meet the quality requirements throughout the duration of the framework. Contracts awarded through the framework will run until up to January 2022.
3	**Scope of activity**	To resolve the issues with the existing homecare framework from February 2017 the Council propose establishing a new Active Homecare Framework (AHF) which will give the Council and homecare providers greater flexibility and ensure that all homecare is procured and evaluated in the same way to provide excellent quality homecare to Havering residents (AHF) is the name for a new type framework which is similar to a standard framework agreement. It allows a number of providers to be appointed to deliver services of a similar nature by successfully completing an evaluation process. It is active in that providers can join the framework at any time by successfully completing the evaluation process. It is also active in that you can modify how the AHF is applied in the future, providing this has been made clear to all. The AHF concerns the provision of homecare only. This assessment considers the potential impact on residents of introducing the AHF.

4a	**Is the activity new or changing?**	Yes
4b	**Is the activity likely to have an impact on individuals or groups?**	Yes
5	**If you answered yes:**	*Please complete the EIA on the next page.*
6	**If you answered no:**	*Please provide a clear and robust explanation on why your activity does not require an EIA. This is essential in case the activity is challenged under the Equality Act 2010.* *Please keep this checklist for your audit trail.*

Completed by:	Sandy Foskett sandy.foskett@havering.gov.uk 01708 434 742
Date:	13 June 2016

2. Equality Impact Assessment

The Equality Impact Assessment (EIA) is a tool to ensure that your activity meets the needs of individuals and groups that use your service. It also helps the Council to meet its legal obligation under the Equality Act 2010 and the Public Sector Equality Duty.

For more details on the Council's 'Fair to All' approach to equality and diversity, please visit our Equality and Diversity Intranet pages. For any additional advice, please contact diversity@havering.gov.uk

Please note the Corporate Policy & Diversity Team require **5 working days** to provide advice on Equality Impact Assessments.

Please note that EIAs are public documents and must be made available on the Council's EIA webpage.

Understanding the different needs of individuals and groups who use or deliver your service

In this section you will need to assess the impact (positive, neutral or negative) of your activity on individuals and groups with **protected characteristics** (this includes staff delivering your activity).

Currently there are **nine** protected characteristics (previously known as 'equality groups' or 'equality strands'): age, disability, sex/gender, ethnicity/race, religion/faith, sexual

orientation, gender reassignment, marriage/civil partnership, and pregnancy/ maternity/paternity.

In addition to this, you should also consider **socio-economic status** as a protected characteristic, and the impact of your activity on individuals and groups that might be disadvantaged in this regard (e.g. carers, low income households, looked after children and other vulnerable children, families and adults).

When assessing the impact, please consider and note how your activity contributes to the Council's **Public Sector Equality Duty** and its three aims to:

- eliminate discrimination, harassment and victimisation;
- advance equality of opportunity, and
- foster good relations between people with different protected characteristics.

Guidance on how to undertake an EIA for a protected characteristic can be found on the next page.

Guidance on undertaking an EIA

Example: Background/context		
In this section you will need to add the background/context of your activity. Make sure you include the scope and intended outcomes of the activity being assessed; and highlight any proposed changes. **Expand box as required*		
Example: Protected characteristic		
Please tick (✓) the relevant box:		**Overall impact:** *In this section you will need to consider and note what impact your activity will have on individuals and groups (including staff) with protected characteristics based on the data and information you have. You should note whether this is a positive, neutral or negative impact.* ***It is essential that you note all negative impacts. This will demonstrate that you have paid 'due regard' to the Public Sector Equality Duty if your activity is challenged under the Equality Act.*** **Expand box as required*
Positive		
Neutral		
Negative		
Evidence: *In this section you will need to document the evidence that you have used to assess the impact of your activity.* *When assessing the impact, please consider and note how your activity contributes to the three aims of the Public Sector Equality Duty (PSED) as stated in the section above.* *It is essential that you note the full impact of your activity, so you can demonstrate that you have fully considered the equality implications and have paid 'due regard' to the PSED should the Council be challenged.* - *If you have identified a **positive impact**, please note this.* - *If you think there is a **neutral impact** or the impact is not known, please provide a full reason why this is the case.* - *If you have identified a **negative impact**, please note what steps you will take to mitigate this impact. If you are unable to take any mitigating steps, please provide a full reason why. All negative impacts that have mitigating actions must be recorded in the **Action Plan.*** **Expand box as required*		

Sources used: *In this section you should list all sources of the evidence you used to assess the impact of your activity. This can include:*

- *Service specific data*
- *Population, demographic and socio-economic data*

Suggested sources include:

- *Service user monitoring data that your service collects*
- *Havering Data Intelligence Hub*
- *London Datastore*
- *Office for National Statistics (ONS)*

If you do not have any relevant data, please provide the reason why.

**Expand box as required*

The EIA

Background/context:

The current homecare framework has failed to deliver the required homecare capacity (i.e. availability of staff) intended within the model. This has led to Adult Social Care experiencing difficulties in setting up packages of homecare. The Council contracted with 12 homecare providers when the framework was established in 2013. This has reduced to 8 due to providers leaving the market or unable to deliver the required care. To place packages of care the Council has had to increasingly spot purchase care from homecare providers outside the framework.

To date, no one has been left without a package of care and support but it has become increasingly difficult to find placements, often requiring a lot of negotiating and persuading with a number of different care providers.

To resolve the issues with the framework from February 2017 the Council propose establishing a new Active Homecare Framework (AHF) which will give the Council and homecare providers greater flexibility and ensure that all homecare is procured and evaluated in the same way to provide excellent quality homecare to Havering residents.

There are recognised sector wise problems with recruiting and retaining homecare staff but there are some Havering specific demands which have been identified. These demands include the geographical size of the borough, less urban concentrations and certain areas being less accessible than others. The pool of people likely to go into care work are found more readily in neighbouring boroughs exacerbating the difficulties of recruiting in Havering.

To overcome some of these challenges and to recognise the additional pressures introduced such as the National Living Wage, Havering has agreed a significant increase to the homecare hourly rate of 10%. This increase demonstrates that the Council values the care provided by homecare staff and wants to create a more sustainable market in Havering.

To resolve the issues with the existing homecare framework from February 2017 the Council propose establishing a new Active Homecare Framework (AHF) which will give the Council and homecare providers greater flexibility and ensure that all homecare is procured and evaluated in the same way to provide excellent quality homecare to Havering residents.

AHF is our description for a new type framework which is similar to a standard framework agreement. It allows a number of providers to be appointed to deliver services of a similar nature by successfully completing an evaluation process. It is active in that providers can easily join the framework at any time by successfully completing the evaluation process. It is also active in that the Council can modify how the AHF is applied in the future, providing this has been made clear to all. (This process is known under EU Procurement law as a Dynamic Purchasing system (DPS)).

The AHF will be advertised in accordance with EU procurement regulations, following which interested homecare providers can apply to join. Applications will be evaluated against a set criteria expected to cover areas such as quality, safeguarding, staffing and service delivery. This will assess provider's knowledge, experience, expertise and ability to deliver homecare. Providers that pass the evaluation will be added to the AHF and issued with a contract. Following this any provider that is on the AHF will be able to apply to deliver any package of homecare advertised by the Council.

Once established, additional providers can apply to join the AHF at any point in the future. All applications will be evaluated in the same way, using the same selection criteria. All packages of care on the AHF will be paid at Havering Council's usual hourly rate, per minute of care delivered.

Providers that are not performing to the required standards or who no longer meet the quality requirements could be excluded from the AHF.

The benefits to introducing this new type of framework include:

- flexibility for both providers and the Council;
- fair to all;
- a range of homecare providers that have been quality assured and are available to deliver care;
- providers are free to leave and join; and
- simpler application and evaluation process.

The Council may modify how the AHF is applied, provided the new rules and procedures are clear, transparent and available to all. In the future the Council might consider changes such as increasing the quality threshold, varying the price paid for homecare or provider selection based on based on quality and feedback from residents receiving homecare.

In establishing an AHF we would learn from the problems with the introduction of the existing framework agreement and take a phased approach applying the AHF for new packages of care rather than shifting existing packages.

**Expand box as required*

Age: Consider the full range of age groups		
Please tick (✓) the relevant box:		**Overall impact:**
Positive	✓	The new active homecare framework (AHF) service will continue to deliver homecare services to adults. The introduction of the AHF would mean additional providers can apply to join the AHF at any point in the future, potentially offering greater choice. All applications will be evaluated in the same way, using the same selection criteria. Providers that are not performing to the required standards or who no longer meet the quality requirements can be excluded from the AHF The benefits to introducing this new type of framework include: • flexibility for both providers and the Council; • fair to all; • a range of homecare providers that have been quality assured and are available to deliver care; • providers are free to leave and join; and • simpler application and evaluation process. Over the next 15 years Havering's older people population is projected to increase by 24%. The introduction of the new homecare framework is likely to have a positive impact on service users accessing homecare services. The framework will allow greater flexibility for the Provider and the Council. It will provide opportunities for new homecare providers to access the local market, making the market more competitive and enhancing choice for all service user age groups. With the introduction of the AHF we will also introduce a new way of collecting feedback from homecare users to better understand the quality of the care given and the outcomes achieved. This will help improve quality in the market. **Expand box as required*
Neutral		
Negative		

Evidence:

Homecare services are used by vulnerable adults over the age 18 years, evidence on AIS shows the majority of service users using homecare are over the age of 65 years. The current average age of a homecare service user is 80 years.

See below breakdown of homecare service users age ranges as at 6th June 2016

- 16 aged 18 – 25
- 14 aged 26 – 34
- 10 aged 35 – 44
- 32 aged 45 – 54

- 75 aged 55 – 64
- 1034 aged 65+

Population Projections

- 65-74 age group projected to increase by 13% in 2025 and 24% in 2030
- 85+ age group projected to increase by 25% in 2025 and 40% in 2030

Havering demographics impacting Adult Social Care services

- 5.9% predicted increase from 2015 to 2020 in 18-64 age group with moderate or serious personal care disability (POPPI / PANSI)
- 4.6% predicted increase from 2015 to 2020 in 18 and over age group with a learning disability. (POPPI / PANSI)
- 8.9% predicted increase from 2015 to 2020 in 65 and over age group unable to manage at least one self care activity on their own. (POPPI / PANSI)

**Expand box as required*

Sources used:

AIS Homecare Services data as at 6th June 2016

Projecting Older People Population Information (2015)

Havering JSNA – Demographic update

**Expand box as required*

Disability: Consider the full range of disabilities; including physical mental, sensory and progressive conditions		
Please tick (✓) the relevant box:		**Overall impact:**
Positive	✓	Homecare services provide support to vulnerable adults with disabilities; this cohort includes people with physical, sensory, mental health and learning disabilities. The new framework will continue to provide homecare services to these cohorts.
Neutral		
Negative		The introduction of the new homecare framework is likely to have a positive impact on service users accessing homecare services. The framework will ensure homecare is procured and evaluated in the same way to provide excellent quality homecare to Havering residents. The framework will allow greater flexibility for the Provider and the Council. It will provide opportunities for new homecare providers with specialist areas of expertise to access the local market. Providers that are not performing to the required standards or who no longer meet the quality requirements can be excluded from the AHF With the introduction of the AHF we will also introduce a new way of collecting feedback from homecare users to better understand the quality of the care given and the outcomes achieved. This will help improve quality in the market. **Expand box as required*

Evidence:

As at 6th June 2016 there were 1181 service users using homecare service.
The table below shows the breakdown of Homecare service user disabilities;

Learning, Developmental Or Intellectual Disability - Asperger'S Syndrome/ High Functioning Autism	1
Learning, Developmental Or Intellectual Disability - Autism (Excluding Asperger'S Syndrome / High Functioning Autism)	6
Learning, Developmental Or Intellectual Disability - Learning Disability	54
Learning, Developmental Or Intellectual Disability – Other	4
Lthc - Neurological - Acquired Brain Injury	4
Lthc - Neurological - Motor Neurone Disease	4
Lthc - Neurological – Other	47
Lthc - Neurological - Parkinson'S	29
Lthc - Neurological – Stroke	113
Lthc - Physical - Acquired Physical Injury	17
Lthc - Physical – Cancer	53
Lthc - Physical - Chronic Obstructive Pulmonary Disease	48
Lthc - Physical – Other	675

Mental Health Condition – Dementia	150
Mental Health Condition – Other	35
No Relevant Long Term Health Conditions	65
Sensory - Hearing Impaired	22
Sensory – Other	3
Sensory - Visually Impaired	50
Grand Total	**1380**

**Expand box as required*

Sources used:

AIS Homecare Services data as at 6th June 2016

**Expand box as required*

Sex/gender: Consider both men and women

Please tick (✓) the relevant box:		**Overall impact:**
Positive	✓	Homecare services are non-gender specific and both males and females benefit equally. The new homecare framework will continue to provide services to male and female clients equally. The introduction of the new homecare framework is likely to have a positive impact on males and females service users accessing homecare services. The framework will ensure homecare is procured and evaluated in the same way to provide excellent quality homecare to Havering residents. The framework will allow greater flexibility for the Provider and the Council. It will provide opportunities for new homecare providers to access the local market, making the market more competitive, enhancing choice for both male and female residents. Providers that are not performing to the required standards or who no longer meet the quality requirements can be excluded from the AHF With the introduction of the AHF we will also introduce a new way of collecting feedback from homecare users to better understand the quality of the care given and the outcomes achieved. This will help improve quality in the market
Neutral		
Negative		

**Expand box as required*

Evidence:

As at 6th June 2016 there were 1181 service users using homecare service.
The table below shows the breakdown of sex/gender groups of Homecare service users on AIS;

Gender	Homecare service users
Female	798
Male	383

**Expand box as required*

Sources used:

AIS Homecare Services data as at 6th June 2016

**Expand box as required*

Ethnicity/race: Consider the impact on different ethnic groups and nationalities		
Please tick (✓) the relevant box:		**Overall impact:**
Positive	✓	The current homecare service is available to people of all nationalities and ethnic groups. The new service will continue to do so the same.
Neutral		
Negative		The introduction of the new homecare framework is likely to have a positive impact on service users of all nationalities and ethnic groups. The framework will ensure homecare is procured and evaluated in the same way to provide excellent quality homecare to Havering residents. The framework will allow greater flexibility for the Provider and the Council. It will provide opportunities for new homecare providers with specialist areas of expertise to access the local market, making the market more competitive, diverse and enhancing choice for all service users. Providers that are not performing to the required standards or who no longer meet the quality requirements can be excluded from the AHF With the introduction of the AHF we will also introduce a new way of collecting feedback from homecare users to better understand the quality of the care given and the outcomes achieved. This will help improve quality in the market. As part of the evaluation process and ongoing quality checks will ensure that providers have the skills to meet the cultural and

		religious needs of different ethnic groups. **Expand box as required*

Evidence:

As at 6th June 2016 there were 1181 service users using homecare service.
The table below shows the breakdown of service user ethnic groups on AIS;

Asian / Asian British - Any Other Asian Background	13
Asian / Asian British – Bangladeshi	1
Asian / Asian British – Chinese	2
Asian / Asian British – Indian	12
Asian / Asian British – Pakistani	3
Black / Black British – African	6
Black / Black British - Any Other Black Background	3
Black / Black British – Caribbean	15
Mixed - White And Black African	2
Mixed - White And Black Caribbean	2
Mixed - Any Other Mixed/ Multiple Ethnic Background	1
Other - Any Other Ethnic Group	2
White - Any Other White Background	14
White – British	1078
White – English	16
White – Irish	11
Grand Total	**1181**

**Expand box as required*

Sources used:

AIS Homecare Services data as at 6th June 2016

**Expand box as required*

Religion/faith: Consider people from different religions or beliefs including those with no religion or belief		
Please tick (✓) the relevant box:		**Overall impact:**
Positive	✓	The current homecare service is available to people of all faiths, religions and beliefs. The new service will be the same.
Neutral		The introduction of the new homecare framework is likely to

Negative		have a positive impact on service users. The framework will ensure homecare is procured and evaluated in the same way to provide excellent quality homecare to Havering residents. The framework will allow greater flexibility for the Provider and the Council. It will provide opportunities for new homecare providers to access the local market, making the market more diverse, competitive and enhancing choice for all service users. Providers that are not performing to the required standards or who no longer meet the quality requirements can be excluded from the AHF. With the introduction of the AHF we will also introduce a new way of collecting feedback from homecare users to better understand the quality of the care given and the outcomes achieved. This will help improve quality in the market. As part of the evaluation process and ongoing quality checks will ensure that providers have the skills to meet the cultural and religious needs of individuals. **Expand box as required*

Evidence:

Buddhist	1
Catholic	69
Christian	66
Church Of England	469
Church Of Scotland	2
Hindu	5
Islamic	2
Jehovah'S Witness	2
Jewish	9
Muslim	4
No Religion	35
Not Recorded	232
Not Stated	268
Other	1
Other Religion	12
Sikh	4
Grand Total	**1181**

**Expand box as required*

Sources used:

AIS Homecare Services data as at 6th June 2016

**Expand box as required*

Sexual orientation: Consider people who are heterosexual, lesbian, gay or bisexual

Please tick (✓) the relevant box:		**Overall impact:**
Positive	✓	The current homecare service is available to all regardless of sexual orientation. The new service will continue to offer care in the same way. The introduction of the new homecare framework is likely to have a positive impact on service users. The framework will ensure homecare is procured and evaluated in the same way to provide excellent quality homecare to Havering residents. The framework will allow greater flexibility for the Provider and the Council. It will provide opportunities for new homecare providers to access the local market, making the market more diverse, competitive and enhancing choice for all service users including this cohort. Providers that are not performing to the required standards or who no longer meet the quality requirements can be excluded from the AHF With the introduction of the AHF we will also introduce a new way of collecting feedback from homecare users to better understand the quality of the care given and the outcomes achieved. This will help improve quality in the market.
Neutral		
Negative		

**Expand box as required*

Evidence:

The table below shows the breakdown of the sexual orientation of Homecare Service users:

Substantial amount of data below is not recorded due to many people not wishing to disclose this information.

Heterosexual	20
Not Recorded	987
Prefer Not To Say	174
Grand Total	**1181**

*Expand box as required

Sources used:

AIS Homecare Services data as at 6th June 2016

*Expand box as required

Gender reassignment: Consider people who are seeking, undergoing or have received gender reassignment surgery, as well as people whose gender identity is different from their gender at birth

Please tick (✓) the relevant box:		**Overall impact:**
Positive	✓	The new service will be available to all regardless of whether they are seeking, undergoing or have received gender reassignment surgery, as well as people whose gender identity is different from their gender at birth. The introduction of the new homecare framework is likely to have a positive impact on service users. The framework will ensure homecare is procured and evaluated in the same way to provide excellent quality homecare to Havering residents. The framework will allow greater flexibility for the Provider and the Council. It will provide opportunities for new homecare providers to access the local market, making the market more diverse, competitive and enhancing choice for all service users. Providers that are not performing to the required standards or who no longer meet the quality requirements can be excluded from the AHF With the introduction of the AHF we will also introduce a new way of collecting feedback from homecare users to better understand the quality of the care given and the outcomes achieved. This will help improve quality in the market. *Expand box as required
Neutral		
Negative		

Evidence:

No data held

*Expand box as required

Sources used:

**Expand box as required*

Marriage/civil partnership: Consider people in a marriage or civil partnership		
Please tick (✓) the relevant box:		**Overall impact:**
Positive	✓	The new service will continue to operate in the same way offering care to all who are eligible regardless of their partnership status. The introduction of the new homecare framework is likely to have a positive impact on service users. The framework will ensure homecare is procured and evaluated in the same way to provide excellent quality homecare to Havering residents. The framework will allow greater flexibility for the Provider and the Council. It will provide opportunities for new homecare providers to access the local market, making the market more competitive and enhancing choice for all service users including this cohort. Providers that are not performing to the required standards or who no longer meet the quality requirements can be excluded from the AHF With the introduction of the AHF we will also introduce a new way of collecting feedback from homecare users to better understand the quality of the care given and the outcomes achieved. This will help improve quality in the market **Expand box as required*
Neutral		
Negative		

Evidence:

Cohabiting	8
Divorced	34
Married	299
Not Recorded	320
Other	15
Separated	9
Single	106
Unknown	99
Widowed	291
Grand Total	**1181**

*Expand box as required

Sources used:

AIS Homecare Services data as at 6th June 2016

*Expand box as required

Pregnancy, maternity and paternity: Consider those who are pregnant and those who are undertaking maternity or paternity leave		
Please tick (✓) the relevant box:		**Overall impact:**
Positive	✓	The new service will continue to operate in the same way offering care to all who are eligible regardless of whether they are pregnant or on maternity/paternity leave.
Neutral		
Negative		The introduction of the new homecare framework is likely to have a positive impact on all service users. The framework will ensure homecare is procured and evaluated in the same way to provide excellent quality homecare to Havering residents. The framework will allow greater flexibility for the Provider and the Council. It will provide opportunities for new homecare providers to access the local market, making the market more diverse, competitive and enhancing choice for all service users. Providers that are not performing to the required standards or who no longer meet the quality requirements can be excluded from the AHF. With the introduction of the AHF we will also introduce a new way of collecting feedback from homecare users to better understand the quality of the care given and the outcomes achieved. This will help improve quality in the market. *Expand box as required

Evidence:

There is insufficient data on pregnancy, maternity and paternity of homecare users at national or local level. As the majority of homecare users are over 65 this cohort is likely to be small.

*Expand box as required

Sources used:

**Expand box as required*

Socio-economic status: Consider those who are from low income or financially excluded backgrounds

Please tick (✓) the relevant box:		**Overall impact:**
Positive	✓	We do not hold data on the socio-economic status of service users. The new service will be available to all those with an assessed care need following a financial assessment. This will ensure that those on low income will contribute less or even nothing towards the cost of care compared to those with a higher income. The introduction of the new homecare framework is likely to have a positive impact for service users. The framework will ensure homecare is procured and evaluated in the same way to provide excellent quality homecare to Havering residents. The framework will allow greater flexibility for the Provider and the Council. It will provide opportunities for new homecare providers to access the local market, making the market more diverse, competitive and enhancing choice for all service users. Providers that are not performing to the required standards or who no longer meet the quality requirements can be excluded from the AHF With the introduction of the AHF we will also introduce a new way of collecting feedback from homecare users to better understand the quality of the care given and the outcomes achieved. This will help improve quality in the market.
Neutral		
Negative		

**Expand box as required*

Evidence:

Approximately 71% of Havering's 'working age' (16-74) population were classified as economically active in the 2011 Census. This is similar to the national and regional picture.

We do not hold data on the socio-economic status of homecare service users.

**Expand box as required*

Sources used:

Havering JSNA – Demographic update

**Expand box as required*

Action Plan

In this section you should list the specific actions that set out how you will address any negative equality impacts you have identified in this assessment.

Protected characteristic	Identified negative impact	Action taken to mitigate impact*	Outcomes and monitoring**	Timescale	Lead officer

***** You should include details of any future consultations you will undertake to mitigate negative impacts

** Monitoring: You should state how the negative impact will be monitored; how regularly it will be monitored; and who will be monitoring it (if this is different from the lead officer).

Review

In this section you should identify how frequently the EIA will be reviewed; the date for next review; and who will be reviewing it.

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Havering
LONDON BOROUGH

INDIVIDUALS OVERVIEW AND SCRUTINY SUB-COMMITTEE, 26 September 2017

Subject Heading:	Quarter 1 performance report
SLT Lead:	Sarah Homer, Interim Chief Operating Officer
Report Author and contact details:	Thomas Goldrick, Senior Policy and Performance Officer, 01708 4324770, thomas.goldrick@havering.gov.uk
Policy context:	The report sets out Quarter 1 performance relevant to the Individuals Overview and Scrutiny Sub-Committee
Financial summary:	There are no direct financial implications arising from this report. However adverse performance against some performance indicators may have financial implications for the Council. All service directorates are required to achieve their performance targets within approved budgets. The Senior Leadership Team (SLT) is actively monitoring and managing resources to remain within budgets, although several service areas continue to experience financial pressure from demand led services.

The subject matter of this report deals with the following Council Objectives

Communities making Havering	[X]
Places making Havering	[]
Opportunities making Havering	[]
Connections making Havering	[]

SUMMARY

This report supplements the presentation attached as **Appendix 1**, which sets out the Council's performance within the remit of the Individuals Overview and Scrutiny Sub-Committee for Quarter 1 (April 2017- June 2017).

RECOMMENDATION

That the Individuals Overview and Scrutiny Sub-Committee notes the contents of the report and presentation and makes any recommendations as appropriate.

REPORT DETAIL

1. The report and attached presentation provide an overview of the Council's performance against the performance indicators selected for monitoring by the Individuals Overview and Scrutiny Sub-Committee. The presentation highlights areas of strong performance and potential areas for improvement.

2. The report and presentation identify where the Council is performing well (**Green**) and not so well (**Red**). The ratings for the 2017/18 reports are as follows:

   - **Green** = on target or better
   - **Red** = off target

3. Where performance is off the quarterly target and the rating is '**Red**', 'Improvements required' are included in the presentation. This highlights what action the Council will take to improve performance.

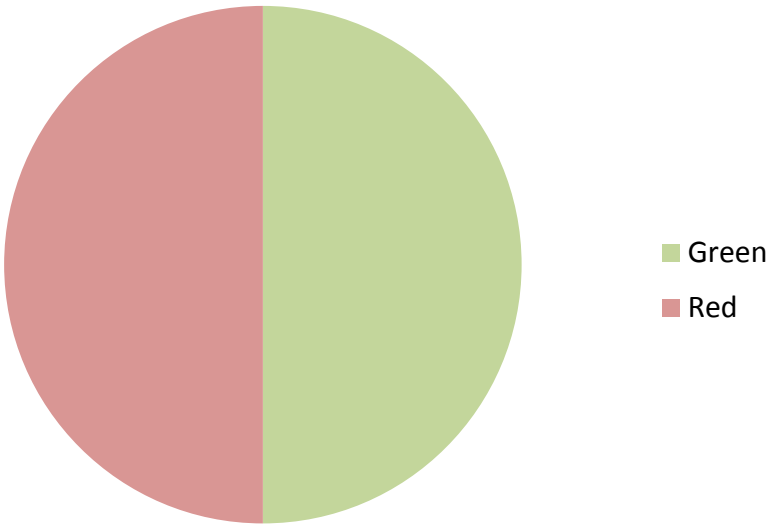
4. Also included in the presentation (where relevant) are Direction of Travel (DoT) columns, which compare:

   - Short-term performance – with the previous quarter (Quarter 4 2016/17)
   - Long-term performance – with the same time the previous year (Quarter 1 2016/17)

5. A green arrow (↑) means performance is better and a red arrow (↓) means performance is worse. An amber arrow (→) means that performance has remained the same.

6. Both the performance indicators selected by the sub-committee have been included in the Quarter 1 2017/18 report and presentation. Both indicators been assigned an on track / off track status

Quarter 1 Rating Summary



In summary, of the three indicators:

1 (50%) has a status of **Green** (on track)
1 (50%) has a status of **Red** (off track)

IMPLICATIONS AND RISKS

Financial implications and risks:

There are no direct financial implications arising from this report. However adverse performance against some performance indicators may have financial implications for the Council.

All service directorate are required to achieve their performance targets within approved budgets. The Senior Leadership Team (SLT) is actively monitoring and managing resources to remain within budgets, although several service areas continue to experience significant financial pressures in relation to a number of demand led services, such as adults' social care. SLT officers are focused upon controlling expenditure within approved directorate budgets and within the total General Fund budget through delivery of savings plans and mitigation plans to address new pressures that are arising within the year.

Further information on the financial performance of the Council will be reported as part of the Medium Term Financial Strategy (MTFS) report to Cabinet in October.

Legal implications and risks:

Whilst reporting on performance is not a statutory requirement, it is considered best practice to regularly review the Council's progress.

Human Resources implications and risks:

There are no HR implications or risks involving the Council or its workforce that can be identified from the recommendations made in this report.

Equalities implications and risks:

There are no equalities or social inclusion implications or risks identified at present.

BACKGROUND PAPERS

None

Havering

LONDON BOROUGH

Quarter 1 Performance Report 2017/18

Individuals O&S Sub-Committee

26th September 2017

About the Individuals O&S Committee Performance Report

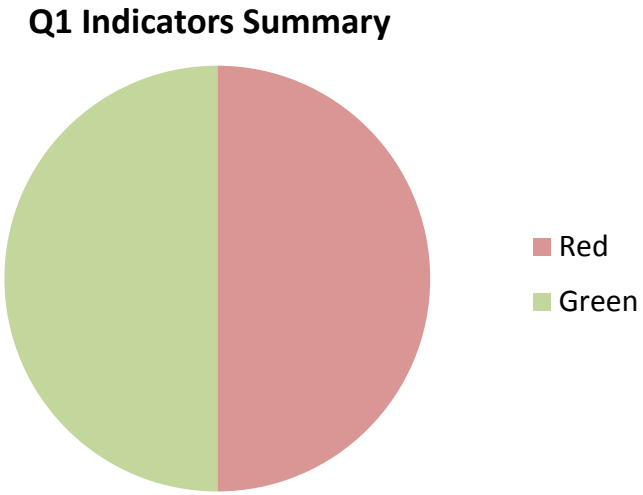
- Overview of the Council's performance as selected by the Individuals Overview and Scrutiny Sub-Committee

- The report identifies where the Council is performing well (**Green**) and not so well (**Red**).

- Where the RAG rating is '**Red**', '**Corrective Action**' is included in the presentation. This highlights what action the Council will take to improve performance.

OVERVIEW OF INDIVIDUALS INDICATORS

- 2 Performance Indicators are reported to the Individuals Overview & Scrutiny Sub-Committee.
- Q1 performance figures are available for both indicators.



In summary of the 2 indicators:
1 (50%) has a status of Green.
1 (50%) has a status of Red.

Quarter 1 Performance

Indicator and Description	Value	2017/18 Annual Target	2017/18 Q1 Target	2017/18 Q1 Performance	Short Term DOT against Annual 2016/17 (Q4)		Long Term DOT against Q1 2016/17	
Rate of permanent admissions to residential and nursing care homes per 100,000 population (aged 65+)	Smaller is better	660	145	108.1 GREEN	↑	700	↑	160.2
Percentage of service users receiving direct payments	Bigger is better	36%	36%	33.3% RED	→	33.3%	↓	33.8%

Highlights

- Below target (where lower is better) for the rate of permanent admissions for service users over the age of 65 into nursing or residential care. There has been a 32% reduction compared with the same time period last year.

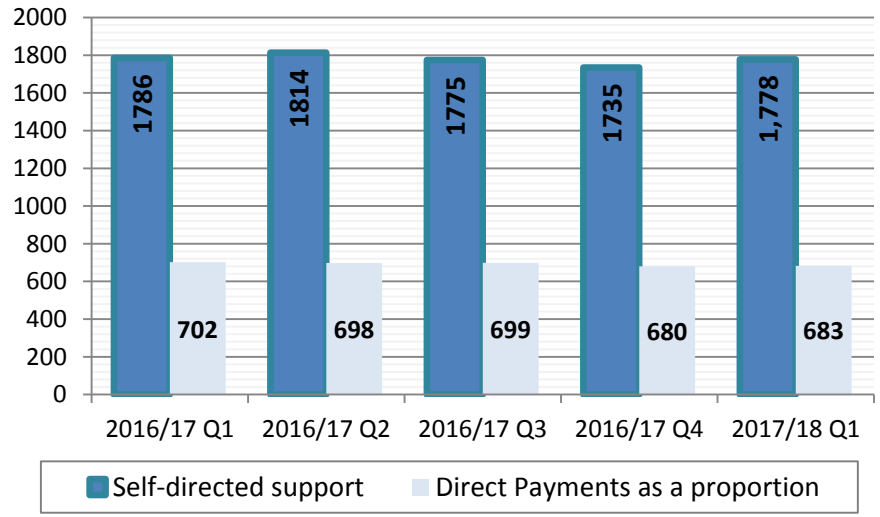
Improvements Required

- Below target for the percentage of service users who are receiving their care via a Direct Payment. To address this, a Personal Assistant Co-ordinator has been appointed within the Joint Commissioning Unit .

Demand Pressures

ADULT SOCIAL CARE

DP 10: Self Directed Support and Direct Payments as a Proportion

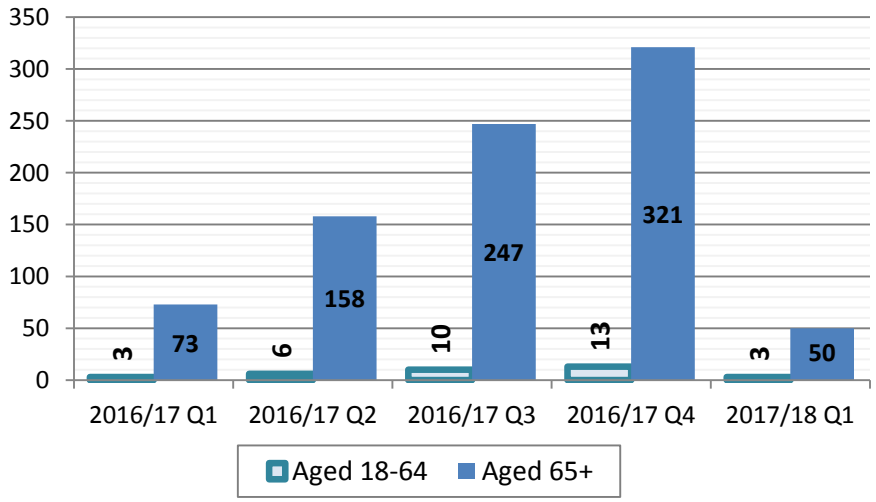


Take-up of self-directed support has decreased slightly when compared to Q1 2016/17 (from 1,786 to 1,778). Take-up of direct payments has improved slightly during Quarter 1 but remains lower than it was at the same point last year.

Demand Pressures

ADULT SOCIAL CARE

DP 09: Permanent admissions to residential and nursing care homes

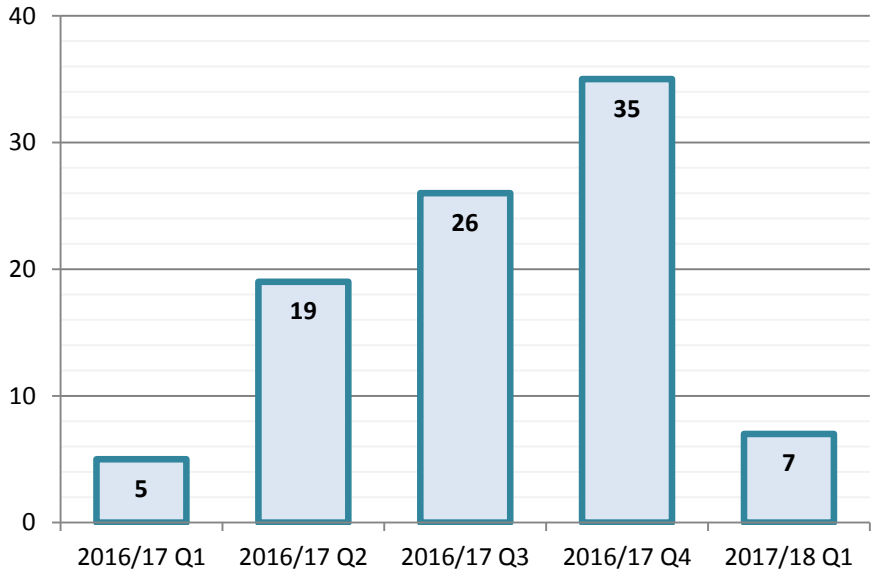


Demand for placements for residents aged 18-64 has remained stable compared to the same period last year (at 3 admissions), but has decreased for residents aged 65+ (from 73 in Q1 of 2016/17 to 50 in Q1 of 2017/18).

Demand Pressures

ADULT SOCIAL CARE

DP 11: Residents Requiring Ongoing Service After Reablement



This is a local indicator and is reported cumulatively . Demand has increased slightly from 5 to 7 when compared to Q1 last year.

Any questions?

Havering
LONDON BOROUGH

INDIVIDUALS OVERVIEW AND SCRUTINY SUB-COMMITTEE, 26 SEPTEMBER 2017

Subject Heading:	Healthwatch Havering – Annual Report
CMT Lead:	Barbara Nicholls
Report Author and contact details:	**Ian Buckmaster, Director, Healthwatch Havering 01708 303300 ian.buckmaster@healthwatchavering.co.uk**
Policy context:	**The information presented summarises the work undertaken by Healthwatch Havering in 2016/17.**
Financial summary:	**No financial implications of the report itself for either the Council or Healthwatch Havering.**

The subject matter of this report deals with the following Council Objectives

Communities making Havering	[X]
Places making Havering	[]
Opportunities making Havering	[]
Connections making Havering	[]

SUMMARY

The attached annual report of Healthwatch Havering details the work carried out by the organisation in the 2016/17 reporting year.

RECOMMENDATIONS

1. That the Sub-Committee considers the attached Healthwatch Havering annual report and takes any action it considers appropriate.

REPORT DETAIL

Officers will present and summarise the main features of the attached Healthwatch Havering annual report.

IMPLICATIONS AND RISKS

Financial implications and risks: None of this covering report.

Legal implications and risks: None of this covering report.

Human Resources implications and risks: None of this covering report.

Equalities implications and risks: None of this covering report.

BACKGROUND PAPERS

None.

healthwatch Havering

ANNUAL REPORT, 2016/17

Still making a difference…

Presented in accordance with
"The Matters to be Addressed in Local Healthwatch Annual Reports Directions, 2013"

What is Healthwatch Havering?

Healthwatch Havering is the local consumer champion for both health and social care. Our aim is to give local citizens and communities a stronger voice to influence and challenge how health and social care services are provided for all individuals locally.

We are an independent organization, established by the Health and Social Care Act 2012, and can employ our own staff and involve lay people/volunteers so that we can become the influential and effective voice of the public.

Healthwatch Havering is a Company Limited by Guarantee, managed by three part-time directors, including the Chairman and the Company Secretary, supported by two part-time staff and several volunteers, both health and social care professionals and people who have an interest in health or social care issues.

Why is this important to you and your family and friends?

Following the public inquiry into the failings at Mid-Staffordshire Hospital, the Francis report reinforces the importance of the voices of patients and their relatives within the health and social care system.

Healthwatch England is the national organization which enables the collective views of the people who use NHS and social services to influence national policy, advice and guidance.

Healthwatch Havering is your local organization, enabling you on behalf of yourself, your family and your friends to ensure views and concerns about the local health and social services are understood.

Your contribution will be vital in helping to build a picture of where services are doing well and where they need to be improved. This will help and support the Clinical Commissioning Groups and the Local Authority to make sure their services really are designed to meet citizens' needs.

'You make a living by what you get,
but you make a life by what you give.'

Winston Churchill

CONTENTS

We will be sending copies of this Annual Report to the statutory recipients (including the British Library) and circulating it to local health and social care organisations. In the interests of the environment and economy, we are not producing printed copies this year but the report is available for downloading from our website www.healthwatchhavering.co.uk and a hardcopy can be supplied on request.

The electronic version of this report contains hyperlinks to the relevant sections and to external URLs Healthwatch Havering is not responsible for the content of external websites.

Foreword

Anne-Marie Dean, Chairman of Healthwatch Havering

Welcome to our fourth report. This has been a busy and interesting year. There are national initiatives that are beginning to develop into local plans, with the London Borough of Havering (LBH) and the Clinical Commissioning Group (CCG) designing more integrated and accessible care, patient groups becoming more involved in shaping their local GP and other services and timely progress on the work across the borough to improve services for people with learning disabilities. Some of our highlights are:

- ✓ The excellent work undertaken by our volunteer members has continued unabated with more Enter and View visits to Residential and Care homes, Barking, Havering and Redbridge University Hospitals Trust, North East London Foundation Trust and, this year, with a focus on developing our knowledge and expertise about GP premises.

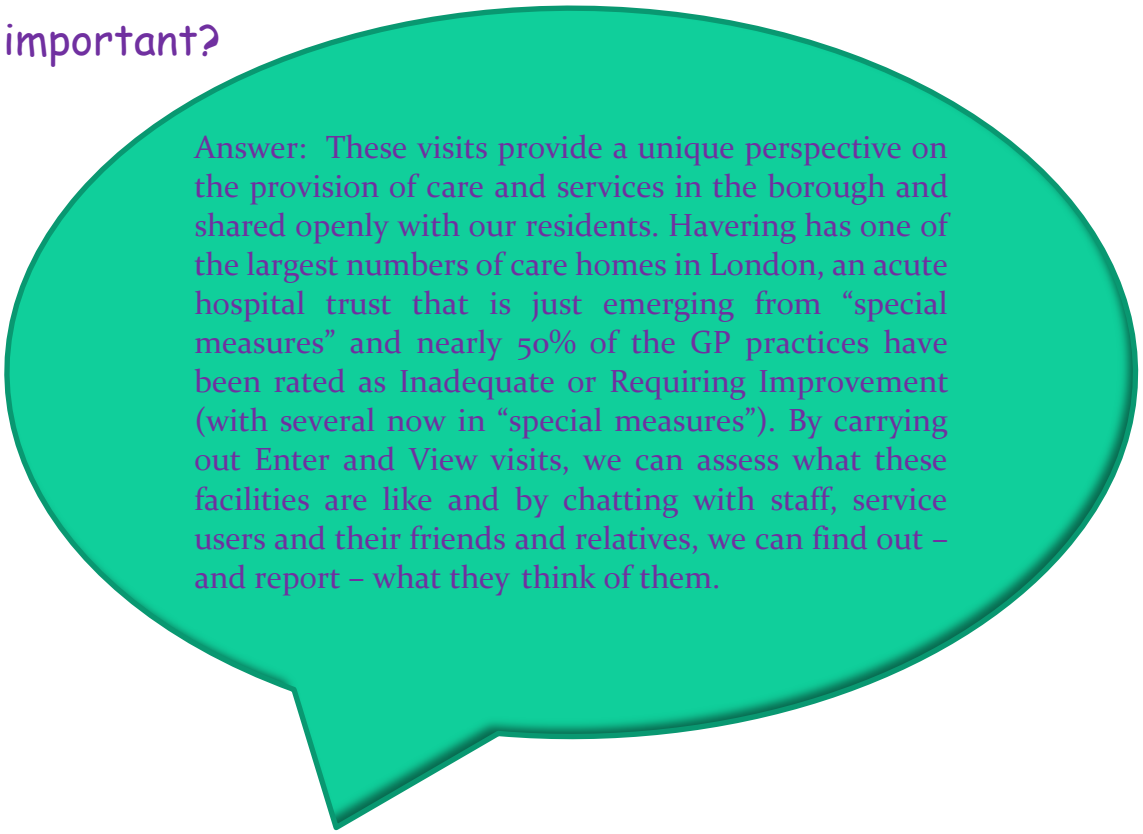
- ✓ The joint review between Healthwatch Havering and Havering Council's Health Overview and Scrutiny Committee regarding the very significant delays in the referrals to treatment. The report is expected to be published at the end of June.
- ✓ Partnership working across the borough with CCG sub-groups, Accident & Emergency Board, Locality Design Planning group, Care Point, Patient Reference Groups, Havering Over Fifty Forum (HOFF), Havering Volunteer Centre, Positive Parents, and other organisations and individuals committed to improving services for people living with Dementia, Learning Disabilities, Sight Problems or nearing the End of Life.
- ✓ Our purpose is to help to ensure that these groups develop and embrace the need to involve the people of Havering, carers and patients in the design, delivery and assessment of care as a natural part of the way we all work together.

We would like to thank you for finding the time to read this report, and our volunteers, residents and colleagues for their hard work

THIS YEAR AT A GLANCE

ENTER AND VIEW

Question: So why do we think Enter and View visits are so important?



✓ Nursing and Care Homes

The residents of our Nursing and Care homes are an important part of our society in Havering. Many residents have the benefit of regular family and friends to visit them, but some may not, for many reasons. So we take pro-active measures to visit homes and assess the environment and care these people receive. We carried out:

Enter and View visits to Nursing and Care Homes	14

Follow up visits to Care Homes to see how they have fared since our most recent visit	4

✓ Hospital Services

We undertook 2 visits to Queen's Hospital. This included a series of semi-announced visits undertaken to the wards at meal times.

✓ Mental Health and Community Services

We undertook 3 visits: to the Community Rehabilitation wards at King George Hospital, Goodmayes; to the Mental Health Street Triage Scheme at Goodmayes Hospital; and to the Long-Term Conditions Centre at Harold Wood.

✓ GP Practices

We undertook 17 visits across the borough. This year the CQC completed its inspection of almost all GP practices in the borough. While some practices have been rated 'Good', too many practices have been rated Inadequate or Requires Improvement and a few have been placed in "special measures". We visited a range of practices to learn about the state of general practice in the borough.

Among the issues we raise during these visits is the relationship between the practice and its Patient Participation Group and how best use is made of the strength of input these volunteers have to the work of every practice.

Quote: "I take this opportunity to thank the team members for their visit and feedback. I must acknowledge the fact that they conducted the inspection without any disruption to the practice and were very pleasant and courteous."

✓ Other health and social care facilities

We also visited:

- Two pharmacies (associated with GP practices)
- A private Day Care facility for people with learning disabilities
- A drug and alcohol advisory service
- A dental practice

The reports of all of our visits are available on our website

www.healthwatchhavering.co.uk/enter-and-view-visits

WORKING IN PARTNERSHIP

CCG and BHRUT – working on urgent and emergency care

This year has seen us working with the Clinical Commissioning Sub-Groups and the Accident and Emergency Board, addressing issues such as the high attendances at the Queen's Hospital A & E (Emergency) Department, exploring a wider role for NHS 111 and working with the London Ambulance Service to design new pathways.

We also regularly attended the BHRUT Assurance and Surveillance Group, overseeing the transition of BHRUT and its hospitals from special measures.

Havering Health and Wellbeing Board

We take our statutory membership of Havering's Health and Wellbeing Board very seriously and our Chairman, Anne-Marie Dean, has been assiduous in attending its meetings.

Highlights from the board include Local Children's Safeguarding and Adult Safeguarding, the Dementia Strategy, the development of Integrated Care Pathway boundaries matching those of the Primary Care Networks to support better locality planning, the development of the East London Health Care Partnership which is being launched on 3rd July with the Partnership Community Groups launching on 4th July. The importance of attracting staff and providing an environment which is stimulating and supportive to staff, this included discussion about an Academy for staff and the importance of providing more key worker housing such as the opportunity which the St. Georges hospital site could offer.

Havering Locality Development Planning Group – a partnership with LBH and CCG

This newly formed group is part of the wider work being undertaken by the Accountable Care System/Integrated Care Partnership board as a

contribution to the development of the East London Health and Care Partnership [1]. This group is working to achieve a better integration of services in the primary, community and social care teams and a service that is most response and accessible. The group is at an embryonic stage of development as they begin to tackle how to innovate and design sustainable solutions for integrated health and social care services across North East London.

We have continued working with the CCG and other stakeholders on the future development of the former St George's Hospital site in Hornchurch.

Voluntary Organisations and Patient Forums

Our team has also been working with a range of local organisations such as Care Point, Patient Experience Reference Forums, the Havering Over Fifties Forum (HOFF) and Havering Volunteer Centre aimed at improving the standard and range of health and social care services across the borough from a patient and carer perspective.

All of these organisations, together with ourselves, have the key aim of ensuring that we all use our best assets, experience and wisdom and involve our communities to ensure that we have a health and social care service which is safe, dependable and sustainable for the long-term future.

[1] The East London Health and Care Partnership is taking forward the Sustainability and Transformation Plan (STP) for the North East London "footprint"

Learning Disabilities

We continue to work with some outstanding families, friends and organisations as we work together to improve the facilities and services from people with learning disabilities across the borough. Through listening to the experiences of individuals and families, we have shared these experiences with the CCG.

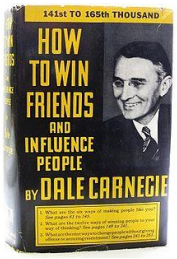
The CCG are supporting an initiative that will ensure that all GP practices in Havering are provided with access to a Toolkit for GPs – A Step by Step Guide for GP Practices for people with Learning disabilities www.rcgp.org.uk/learningdisabilities

Working with our Healthwatch colleagues

With our Healthwatch colleagues from Barking & Dagenham and Redbridge, we meet regularly with our CCG and BHRUT colleagues, enabling us to be fully informed of key issues in primary care.

This year we have worked together on a bid won by Healthwatch Barking & Dagenham to deliver training sessions to key 'front of house' health service teams who work directly with patients and carers

Across North East London the Healthwatches are working together to design information and consultation sessions that support the work of the STP and the East London Health and Care Partnership.



Influencing others

Our relationship with the range of partners that we work with gives us the opportunity to influence their thinking and their operational activity.

For example, after our attention was drawn to an unpleasant odour permeating parts of Queen's Hospital, we were able to ensure that the hospital's management team looked into the matter and took action to get rid of the odour.

Quote: "What an excellent result, which is down to your persistence in pursuing this matter. I doubt I would have had such a successful outcome without your input. So I'm sure I speak on behalf of all the staff and patients who have and still do attend these clinics, a very big thank you from us all, especially me."

REPORTS AND CONSULTATIONS

The Delayed Referrals to Treatment report

We formed a Joint Topic Group with Havering Council's Health Overview and Scrutiny committee. Its purpose was to give Healthwatch volunteer members and Councillors the opportunity to explore the issues regarding the very significant delays in the care of the patients at Queens Hospital ad King George Hospital.

Using the values of the NHS – Accountability, Probity and Openness – a total of 9 Volunteer Members and 7 Councillors met with, in all, 10 representatives from BHRUT, the BHR CCGs, NELFT and the NHS Improvement Authority.

The problem had begun in December 2013 when the Trust migrated data from one computer database to another, which exposed a discrepancy: up to 93,000 referrals from GPs for treatment had somehow been missed. The size of tackling this discrepancy had been daunting. A total of 9,000 extra appointments would be needed, a further 20,000 to cope with the additional demand on the Trust's services, 760 operations would reduce the backlog, with a further 800 needed to cope with the additional demand. The trust had the most long-waiting patients in the country, with around 850 patients waiting more than 52 weeks for treatment. By the end of March 2017, local GPs had redirected a total of 26,000

patients into alternative services, helping ease pressure on the BHRUT waiting list.

The review was not intended to apportion blame for the delays but to examine why they occurred, and to be satisfied that, so far as possible and practicable, appropriate steps had been taken to avoid their recurrence.

The report is to be published in June 2017 and we would like to express our appreciation for the assistance given by all the individuals and organisations involved, which enabled an open and transparent review to take place.

Enter and View reports and their findings

From the beginning of Healthwatch, we have taken the view that a robust programme of Enter and View visits was the best way that we could ensure that we examined on the ground how patients' and residents' needs were being met.

To that end, we have established a robust method for identifying premises that should be visited, with a monthly meeting of staff and volunteers at which the programme is managed, visits arranged and the findings of recent visits reviewed. In 2016/17, we carried out 42 visits (with a small number of premises visited more than once), including, for the first time, several GP practices, several pharmacies and a dental practice. The full list appears in Appendix 1.

Our visiting teams were generally made welcome and managers and proprietors were very co-operative in facilitating the visits. The team members were made to feel welcome by staff, residents and residents' relatives and friends alike.

Few major problems were identified and mentioned in our teams' reports of their visits. Where we did make recommendations, we have been, or will be, following up to see what effect they have had.

All reports of our visits have been published on our website www.healthwatchhavering.co.uk/enter-and-view-visits and shared with the home, GPs or hospital, the Care Quality Commission, the Clinical Commissioning Group, Havering Council and other relevant agencies. Owing to the thorough nature of pre-publication checks, not all reports of the visits during the past year had been published at the date this report was prepared.

Spending Money Wisely Consultation

The CCG together with the GP Clinical Directors for Havering, Barking and Dagenham and Redbridge have sought to consult local people's opinion on a range of treatments and prescribing. These are treatments or prescribing where there is no evidence of clinical value and to limit other

treatments and prescribing to much closer scrutiny always allowing for clinical decision making where appropriate.

The planning for this exercise began in March 2016 and we have worked closely with the CCG in designing the process ensuring that the information was clear and easy to read and that there were sufficient opportunities for local people to attend events. The consultation process completes in mid-May.

Means of consultation

We did not carry out any formal consultation exercises this year. We have continued to receive, and act on, contacts from the public about health and social care matters through a variety of sources, including personal contacts, telephone calls, email, letters and our Tell Us What You Think Cards[2].

We also consulted a range of local commissioners and providers of health and social care services about a range of services. None refused to co-operate with us or to provide information.

[2] These are pre-paid postage postcards available from various locations that enable the public to let us have information – good or bad – about health and social care facilities.

GOVERNANCE

Our decision making

How we focus our time and energy is influenced by our volunteer members, the people who live and work in Havering and local organisations.

The board, which consists of directors, staff and volunteer members, establishes our priorities which are set out below in 'Our Plans for 2017/2018' and our programme of 'Enter and View' visits is set by our volunteer members at the monthly Panel Meeting.

Our policies and procedures are discussed and agreed in public board meetings and our board minutes are accessible on our website. The governance documents ensure that we operate efficiently and fairly in accordance with our statutory and legal requirements.

As part of our governance this year we reviewed the document 'A guide to the legislation affecting Healthwatch Havering'.

Because we have considerably widened the range and the complexity of the issues we now address as part of the 'Enter and View' programme, we have reviewed and widened the pro-forma of questions that volunteer members ask when undertaking visits.

We have bi-annual Away Days with all our members, to which we invite outside speakers to talk to us about their services and challenges. Our speakers help us to align our plan with critical issues happening in our borough. This year our speakers addressed the following subjects

- Irvine Muronzi and Wellington Makala of NELFT, about how to approach patients receiving hospital care for mental health issues
- Dr Sanomi – Local GP Clinical Director – 'Spending Money Wisely' consultation and the challenges facing Primary Care
- Ben Campbell and Sandy Foskett, of the Commissioning Team from the London Borough of Havering – talking about the commissioning of Domiciliary Care Services for the Boroughs older and vulnerable community.
- Patrick Farrell, Consultant Paramedic, Darzi Fellow in clinical decision making, attached to Queens and King George Hospital Accident and Emergency Department.

Healthwatch Havering is, in legal terms, a company limited by guarantee called Havering Healthwatch Limited. As a company limited by guarantee, it has no shareholders and is prohibited by law from distributing any financial surplus (or profit). Registration particulars and other contact details appear at the end of this report.

Our volunteers

Although Healthwatch has statutory powers and is established by law, it relies for the exercise of its functions mainly on the efforts of its volunteer members. The majority of the volunteers who work in Healthwatch Havering have a professional background within the health and social care sector or have many years' familiarity with health and social care needs. This gives them valuable insight into the work that they do and enables them to report authoritatively on the Enter & View visits that they carry out.

Our volunteers give unstintingly of their time – something that is appreciated not only by Healthwatch but also by the wider community. We are delighted to report that, in June 2017, a number of Healthwatch volunteers received awards from the Havering Volunteer Centre in recognition of their efforts.

Healthwatch Havering Volunteers receive their awards, 9 June 2017

Left to right:
Shelley Hart of Havering Volunteer Centre; Dianne Old; Ron Wright;
Deputy Mayor of Havering, Cllr Dilip Patel; Diane Meid; Dawn Ladbrook; Jenny Gregory; Carol Dennis;
and Emma Lexton
(photo: Harvey Lexton)

Financial Report

Funding

Havering Council provided grant in 2016/17 to fund our activities at the same level as pertained for the financial years 2013/14 to 2015/16, £117,359.

Allowing for use of reserves, Corporation Tax adjustments, interest received and other miscellaneous income, the amount carried forward at the end of 2016/17 was £3,533.

A summary of the detailed accounts is set out in Appendix 2. The full audited accounts are available on our website at http://www.healthwatchhavering.co.uk/our-activities

Staff

Staff remained unchanged during 2016/17 from those in post at the end of March 2016. There are three directors – two who are engaged in executive roles as Chairman and Company Secretary respectively for 21 hours per week, while the third undertakes a non-executive role – and two part-time employees.

Our Plans for 2017/18

In April, we had an Away Day to choose our priorities for 2017/18. These are

1) To develop our relationship with the Strategic Transformation Board, the Accountable Care System/Integrated Care Partnership for BHR and the Locality Development to ensure that we can understand, influence and support the engagement and consultation process for our residents.
2) Patient Empowerment will continue to be developed continuing to support people and families with Learning Disabilities and services with the Primary Care setting.
3) To work with the Commissioning team in the Borough on the recently procured Domiciliary Care Services to learn more about the services and the opportunities for resident's feedback. These services are provided to residents many of whom are among the most vulnerable in our community
4) To work with Queens Hospital and the Public Health team to design a process to engage patients and visitors to be more aware of the importance of 'No Smoking' in the hospital environment.
5) Continue with the Enter and View programme and to begin to explore the opportunity of creating a learning opportunity between the organisations using the knowledge gained by our E & V visits.

In all of this, we will be following the national guidance in the Healthwatch England Business Plan for 2017/18 – to bring the public's views to the heart of local decisions

The "Healthwatch" logo and trademark

Havering Healthwatch Limited has a licence agreement with Healthwatch England governing use of the Healthwatch logo and trademark.

The Healthwatch logo is used widely for Healthwatch Havering activity. It is used on:

- The Healthwatch Havering website
- This Annual Report
- Publications such as reports of public consultation events and Enter & View visits
- Reports to official bodies, such as the Health & Wellbeing Board and Overview & Scrutiny Committees
- Official stationery, including letterheads and business cards
- Members' identity cards
- Newspaper advertisements and flyers for events

Appendix 1 Enter and View visits.

In addition to having one of the largest residential and care home sectors in Greater London, Havering has the largest number of GP practices in London rated by the CQC as Inadequate or Requiring Improvement, a major hospital Trust (BHRUT) that is only now emerging from Special Measures following a 2013 inspection that found it Inadequate, a community health services Trust (NELFT) rated as Requiring Improvement, and a CCG that is under immense financial pressure and subject to Directions by NHS England. Moreover, the local health economy generally is under considerable strain because of the demands of urgent care needs, residential and domiciliary care needs and the imminence of the retirement of a number of GPs working single-handedly or in small partnerships.

From the beginning of Healthwatch, we have taken the view that a robust programme of Enter and View visits was the best way that we could ensure that we examined on the ground how patients' and residents' needs were being met.

To that end, we have established a robust method for identifying premises that should be visited, with a monthly meeting of staff and

volunteers at which the programme is managed, visits arranged and the findings of recent visits reviewed. In 2016/17, we carried out 42 visits (with a small number of premises visited more than once), including for the first time a number of GP practices, several pharmacies and a dental practice. The full list appears below.

Our visiting teams were generally made welcome and managers and proprietors were very co-operative in facilitating the visits. The team members were made to feel welcome by staff, residents and residents' relatives and friends alike.

Few major problems were identified and mentioned in our teams' reports of their visits. Where we did make recommendations, we have been, or will be, following up to see what effect they have had.

All reports of our visits have been published on our website www.healthwatchhavering.co.uk/enter-and-view-visits and shared with the home, GPs or hospital, the Care Quality Commission, the Clinical Commissioning Group, Havering Council and other relevant agencies. Owing to the thorough nature of pre-publication checks, not all of the reports had been published at the date this report was prepared.

We did not exercise Enter and View powers at an ophthalmology practice during this year.

The powers of Healthwatch to carry out Enter and View visits are set out in legislation[3] and most visits were carried out in exercise of them. On 8 occasions however, noted in the table that follows, visits were carried out at the invitation of the establishment's owners/managers and there was no need for the exercise of our statutory powers; but that has not affected how we have reported on such visits.

[3] The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013

We did not find it necessary to make recommendations to Healthwatch England on special reviews etc.

Date of visit	Establishment visited		Reasons for visit
	Name	Type	
		2016	
12 April	Cranham Court	Nursing Home	To observe the home in normal operation following CQC rating of Good
12 April	Little Gaynes	Residential Care Home	To observe the home in normal operation following CQC rating of Requires Improvement
26 April	Alton House	Residential Care Home	To observe the home in normal operation following CQC rating of Requires Improvement
1 May	Foxglove Ward and Japonica Ward, King George Hospital	Community Rehabilitation Wards	By invitation of NELFT; joint visit with Health Overview & Scrutiny Committee members
16 May	Rosewood Surgery as Hub practice	GP practice	As part of review of operation of GP Hub service
17 May	King's Park Well Pharmacy pre-6.30pm	Pharmacy	As part of review of operation of GP Hub service
17 May	King's Park GP pre-6.30pm	GP practice	As part of review of operation of GP Hub service
17 May	Rosewood Surgery	GP practice	As part of review of operation of GP Hub service
19 May	King's Park GP after 6.30pm	GP practice	As part of review of operation of GP Hub service

Date of visit	Establishment visited		Reasons for visit
	Name	Type	
		2016	
19 May	King's Park Well Pharmacy after 6.30pm	Pharmacy	As part of review of operation of GP Hub service
24 May	Petersfield GP Practice	GP practice	As part of review of operation of GP Hub service
25 May	North Street GP Practice	GP practice	As part of review of operation of GP Hub service
23 July	North Street GP Practice as Hub practice	GP practice	As part of review of operation of GP Hub service
28 July	Moreland House	Residential Care Home	To observe the home in normal operation following CQC rating of Requires Improvement
13 September	Havering Court	Residential Care Home	To observe the home in normal operation
27 September	Arran Manor	Residential Care Home	To observe the home in normal operation following CQC rating of Good
6 October	Queens Hospital: In-patient meals	Acute Hospital	Following expressions of concern about the standard and serving of meals in certain wards
11 October	WDP Havering	Drug and alcohol advisory service	By invitation in advance of CQC inspection

Date of visit	Establishment visited		Reasons for visit
	Name	Type	
		2016	
27 October	Maylands Health Centre (GP Practice)	GP practice	By invitation, following catastrophic flooding of premises in June
27 October	Maylands Health Centre (Pharmacy)	Pharmacy	By invitation, following catastrophic flooding of premises in June
27 October	Maylands Health Centre (Parkview Dental Practice)	Dental practice	By invitation, following catastrophic flooding of premises in June
1 November	Straight Road GP Practice	GP practice	To observe the practice in normal operation, following CQC rating of Requires Improvement
7 November	Greenwood GP Practice	GP practice	To observe the practice in normal operation, following CQC rating of Requires Improvement
14 November	High Street (Hornchurch) GP Practice	GP practice	To observe the practice in normal operation, following CQC rating of Requires Improvement
15 November	Ravenscourt	Residential Care Home	To observe the home in normal operation following CQC rating of Good (qualified by "Well Led" Requires Improvement)
18 November	Berwick Surgery GP Practice	GP practice	To observe the practice in normal operation, following CQC rating of Inadequate

Date of visit	Establishment visited		Reasons for visit
	Name	Type	
		2016	
21 November	Mawney Road GP Practice	GP practice	To observe the practice in normal operation, following CQC rating of Inadequate
23 November	Mental Health Street Triage Service	Community Health Service	By invitation of NELFT to learn about the service
5 December	Long Term Conditions Centre, Harold Wood	Community Health Service	By invitation of NELFT to learn about the service
8 December	Suttons Avenue GP Practice	GP practice	To observe the practice in normal operation, following CQC rating of Inadequate
		2017	
17 January	Beech Court	Residential Care Home	To observe the home in normal operation following CQC rating of Requires Improvement
23 January	Mungo Park GP Practice	GP practice	To observe the practice in normal operation, following CQC rating of Requires Improvement
2 February	Lilliputs Centre (Second visit)	Complex of Residential Care Units for people with learning disabilities	To observe the home in normal operation following CQC ratings of Requires Improvement of certain units within the complex

Date of visit	Establishment visited		Reasons for visit
	Name	Type	
		2017	
6 March	The Oaks	Residential Care Home	To observe the home in normal operation following CQC rating of Good
16 March	Modern Medical Centre GP Practice	GP practice	To observe the practice in normal operation, following CQC rating of Requires Improvement
21 March	Sarnett House	Residential Care Home for people with learning disabilities	To observe the home in normal operation following CQC rating of Requires Improvement
29 March	Barleycroft	Residential Care Home	To observe the home in normal operation following CQC ratings of Requires Improvement (current and previous)

Future programme

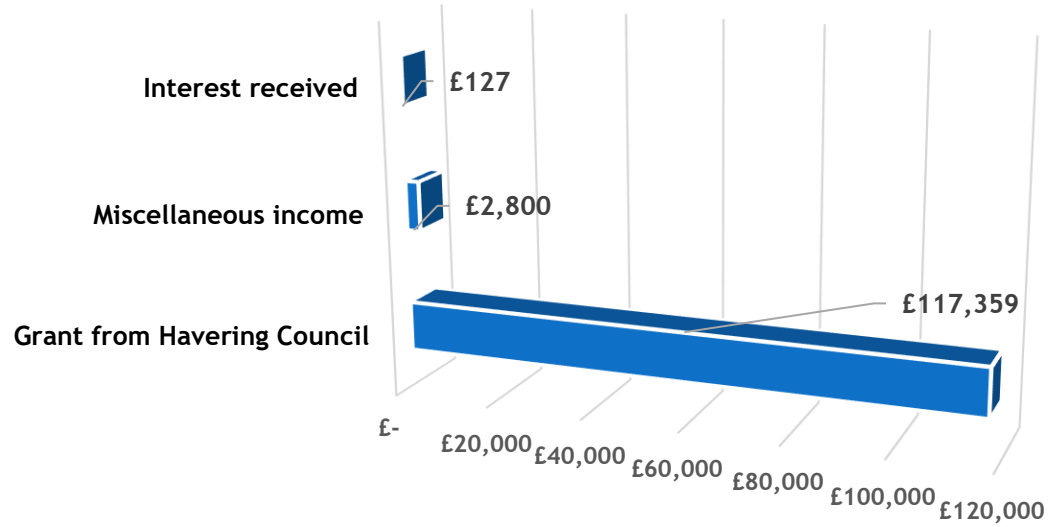
Our future Enter and View visit programme will continue to be informed by CQC reports on establishments, by information gathered through meetings with local regulatory agencies and by complaints (and compliments, should we receive any) from service users.

We have already identified a number of establishments that we plan to visit during the course of 2017/18.

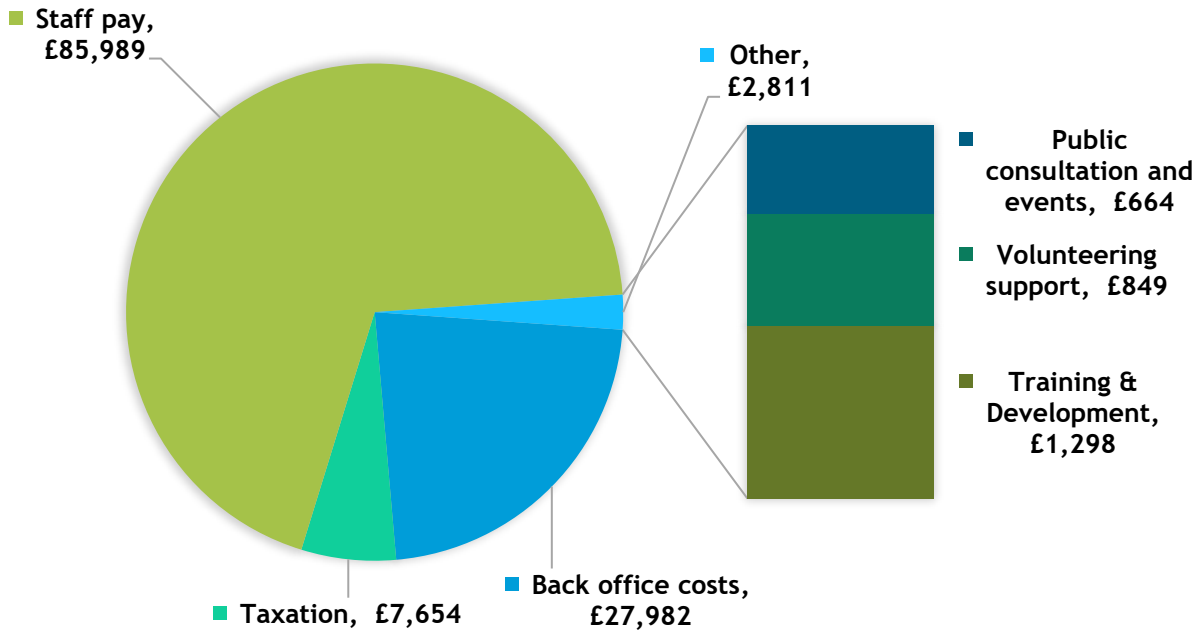
Appendix 2 Summary statement of Income and Expenditure

For more detail, please refer to the annual accounts available on our website at http://www.healthwatchhavering.co.uk/our-activities

INCOME SUMMARY



EXPENDITURE SUMMARY



Participation in Healthwatch Havering

Local people who have time to spare are welcome to join us as volunteers. We need both people who work in health or social care services, and those who are simply interested in getting the best possible health and social care services for the people of Havering.

Our aim is to develop wide, comprehensive and inclusive involvement in Healthwatch Havering, to allow every individual and organisation of the Havering Community to have a role and a voice at a level they feel appropriate to their personal circumstances.

We are looking for:

Members

This is the key working role. For some, this role will provide an opportunity to help improve an area of health and social care where they, their families or friends have experienced problems or difficulties. Very often a life experience has encouraged people to think about giving something back to the local community or simply personal circumstances now allow individuals to have time to develop themselves. This role will enable people to extend their networks, and can help prepare for college, university or a change in the working life. There is no need for any prior experience in health or social care for this role.

The role provides the face to face contact with the community, listening, helping, signposting, providing advice. It also is part of ensuring the most isolated people within our community have a voice.

Some Members may wish to become **Specialists**, developing and using expertise in a particular area of social care or health services.

Supporters

Participation as a Supporter is open to every citizen and organisation that lives or operates within the London Borough of Havering. Supporters ensure that Healthwatch is rooted in the community and acts with a view to ensure that Healthwatch Havering represents and promotes community involvement in the commissioning, provision and scrutiny of health and social services.

Interested? Want to know more?

Call us on **01708 303 300**; or email
enquiries@healthwatchhavering.co.uk

Healthwatch Havering is the operating name of
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